



SUA AHARA, AID-367-A-11-00004

Annual Report, August 1, 2014 – July 31, 2015

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LIST OF ABBREVIATIONS/ ACRONYMS

ANM	Auxiliary Nurse Midwives
CAC	Citizen Awareness Center
CB-IMCI	Community Based-Integrated Management of Childhood Illness
CBO	Community Based Organization
CHD	Child Health Division
CHSF	Community Hygiene and Sanitation Facilitators
CLTS	Community-Led Total Sanitation
DDC	District Development Committee
DHO	District Health Office
D-WASH CC	District Water Sanitation and Hygiene Coordination Committee
DQA	Data Quality Assurance
EHA	Essential Hygiene Action
ENA	Essential Nutrition Action
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
GESI	Gender Equity and Social Inclusion
GPM	Gender Policy Measurement
HFOMC	Health Facility Operation and Management Committee
HFP	Homestead Food Production
HFPB	Homestead Food Production Beneficiaries
HTSP	Healthy Timing and Spacing of Pregnancy
IFPRI	International Food Policy Research Institute
INP	Integrated Nutrition Package
IUCD	Intra-Uterine Contraceptives Device
IYCF	Infant and Young Child Feeding
LQAS	Lot Quality Assurance Sampling
MEAL	Monitoring, Evaluation, Accountability and Learning
MIYCF	Maternal Infant and Young Child Feeding
MNCH-N	Maternal Newborn Child Health Nutrition
MOAD	Ministry Of Agriculture Development
MOFALD	Ministry Of Federal Affairs and Local Development
MTOT	Master Training of Trainers

NHTC	National Health Training Center
NHSP	National Health Sector Plan
NGO	Non-governmental Organization
NHTC	National Health Training Center
ODF	Open Defecation Free
OPMIS	Online Program Management Information System
ORC	Outreach Clinic
PDQ	Partnership Defined Quality
PHC	Primary Health Center
POU	Point-of-Use
SBCC	Social Behavior Change Communication
TOT	Training of Trainers
VDC	Village Development Committee
VLТ	Village Level Training
VMF	Village Model Farmer
V-WASH CC	VDC Water Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene
WCF	Ward Citizen Forum

EXECUTIVE SUMMARY

During the period August 1, 2014 to July 31, 2015, Suaahara efforts focused on coordinating with government bodies, particularly the Child Health Division (CHD) to execute the integrated nutrition program throughout the 25 project districts using multiple entry points to reinforce health and nutrition behaviors of 1,000 days mothers and their family members. Suaahara also concentrated on rolling out its activities in its 16 expansion districts – budget modification, setting up district offices, selection of district based NGOs, and staff recruitment were all accomplished as planned and the program activities commenced from March/April 2015.

Major highlights this reporting period

- **627,655** women and family members reached through **31,070** food demonstrations sessions
- **99,847** women and family members reached through ward level interactions
- **69,358** home visits conducted to 1000-day households with **19,525** in DAG households
- **114,344** number of people trained in child health and nutrition in the last one year period
- **14,9370** thousand days' women and their family members reached directly in different nutrition related days celebration
- **52** VDCs declared ODF making a total of **106** VDC
- **1,017** households certified clean house. Orientation on Clean House for **490** partners, **901** FCHVs, **6,726** WCF members
- **26,7628** people directly reached through **14,924** hand washing stations
- **18,882** participants participated in **673** community level interaction events to increase the ORC services
- **76,620** FCHVs participated in **6,425** monthly meetings.
- **2,604** persons trained as Village Model Farmers in 25 districts and **1,080** VMFs provided start up materials to establish model HFP at community level based on need and action plan
- **21,857** mothers (1000-day and FCHVs) and **1,552** male members provided HFP basic training
- **87,084** men engaged through ward level interactions, food demonstration and hand washing sessions, tradition healers training and MIYCN sessions
- **530** VDCs and **11** municipalities of **23** districts committed a total of NPR **56,133,589** VDC block grant budget on integrated nutrition promotion related activities in the fiscal year 2071/72 BS
- Discussions on issues raised on Bhanchhin Aama radio program in **495** groups reached **9,900** DAG members fostering improved local understanding and ownership of nutrition actions
- Completion of process evaluation studies
- **33,206** mothers and caregivers, and **83,580** children reached during child nutrition week in earthquake affected districts

The massive earthquake that struck the country on April 25, 2015 affected most of the regular activities in Rasuwa, Dolakha, Sindhupalchowk, Nuwakot and Gorkha. Despite the earthquake the program operations in most of the Suaahara districts continued and target beneficiaries were reached even in the wake of frequent aftershocks. Suaahara immediately conducted Nutrition in Emergency (NiE) Response activities in close coordination with the CHD, UNICEF and Save the Children International (SCI). IYCF-E counseling, monitoring breast milk substitutes, revitalizing of health mothers' group meetings through Mother Baby

Areas (MBA), managing of acute malnutrition through mobilization of FCHVs and supporting establishment of Out Patient Therapeutic (OTP) centers were few of the activities that Suaahara focused on in earthquake affected five districts. Suaahara is the District Lead Support Agency in Rasuwa, Dolakha, Sindhupalchowk, Nuwakot and Gorkha for the GON's five building blocks and key interventions and has distributed emergency relief materials in 13 of its working districts.

Suaahara continued to build capacity of health and non-health front line workers at different levels using a cascade training approach. It continued to reach 1,000 days households through Ward Level Interactions (WLIs), food demonstration sessions, home visits, and male interaction programs, celebration of key life events and ideal family recognition, and Peer Facilitator (PF) mobilization. Suaahara reached 627,655 women and family members through 31,070 food demonstrations sessions and 69,358 home visits were conducted to 1000-day households.

This year, the Suaahara WASH program has made great progress towards the program objectives. ODF declaration has accelerated in VDCs and Districts, with 52 additional VDCs declared ODF. Piloting of the Clean House Approach began, along with promotion of the concept at national level, setting the stage for future government-level policies. This foundation will guide year 5 activities. While some setbacks in sanitation coverage resulted from the April earthquake, communities continue to be dedicated to ODF status, and are slowly making progress back to ODF declaration.

Suaahara provided trainings to reinforce various maternal and child health and family planning (FP) related activities in the districts and community level. 92 service providers trained in LARC (IUCD/Implant) method, which in turn provided service to 238 clients. Suaahara also supported CHD in its efforts to reinforce the community-based integrated management of neonatal and childhood illness (CB-IMNCI) program through trainings to health workers. Similarly, in coordination with NHTC, HFOMC capacity building program were implemented in 8 districts. In order to revitalize PHC/ORC services at community level, Suaahara, under the leadership of Family Health Division has provided supported to implement the PHC/ORC activities in 10 districts. Support of essentials equipment and materials were provided to 174 health facilities and 367 PHC/ORC to improve the quality of services.

Homestead gardens, backyard poultry and the Village Model Farms (VMF) are the key HFP interventions to ensure year round access to food diversity and consumption of nutrient dense food, including animal source foods. The homestead food production (HFP) interventions this year included: inputs distribution such as vegetable seeds, poultry, and coop building materials, establishment of 84,066 HFP gardens, (including 21,249 new HFP gardens in the newly added 5 districts), backyard poultry management, development of Village Model Farms as well local resource persons, and organizing 1,000 days mothers into groups and supporting to sustain the groups through coordination with government bodies. As per the HFP seasonal monitoring of dry (Aug 2014), rainy (Nov 2014) and winter (Feb 2015) season, HFP gardens are found to be increasing - 37% in dry, 39% in rainy and 44% in winter season.

Suaahara has used targeted approach and affirmative actions for ensuring equal opportunities for historically marginalized groups to increase their participation in program activities: Process Evaluation studies show that Suaahara has been able to narrow the gap between DAG and non-DAG. Through various activities conducted by Suaahara women's capacity is seen to be developed establishing them as local resource persons and leaders in their community. DAG women are now also participating in planning process and they voice their agenda through citizen awareness center (CAC), ward citizen forum (WCF) and health governance.

This year Suaahara also facilitated to allocate budget for children (10%), women (10%) and

disadvantaged groups (15%) from government allocated village development committee (VDC) block grants. Further, the social mobilization related activities are creating an enabling environment between Suaahara and government stakeholders for sustaining Integrated Nutrition programs at local level and strengthening DDC/VDC governance capacity for executing multi-sector approaches.

Suaahara's Bhanchhin Aama integrated campaign has continued its popular and effective social mobilization and mass media activities that have impacted nutrition knowledge and practices. After the earthquake, Mana Aama, a character of the radio drama was back on the air as an advisor to Nepali struggling to survive under difficult conditions. Aama also serves as a clearinghouse for dispelling rumors that would otherwise run rampant in an information vacuum.

The year four was also marked with major MEAL activities like process evaluation, most significant change technique, LQAS in 37 districts, data quality assessment, reporting on emergency nutrition activities for all implementing partners in five districts and MEAL capacity building for new 21 districts including five early expanded districts.

INTRODUCTION

While Nepal has made significant progress towards the achievement of Millennium Development Goals 4 “Reduce Child Mortality” and 5 “Improve Maternal Health”, it remains one of the most undernourished countries in the world. USAID has made significant contributions to health and nutrition improvements in partnership with the Government of Nepal and other external development partners.

USAID’s Suaahara integrated nutrition project seeks to improve the health of pregnant and lactating women and children less than two years of age in 20 districts of Nepal. Suaahara is a comprehensive community-focused program that integrates various sectors – nutrition, hygiene and sanitation, agriculture and health services promotion – in order to address the key factors affecting nutritional status.

The Suaahara project has four primary results areas:

INTERMEDIATE RESULT 1: Household health and nutrition behaviors improved

INTERMEDIATE RESULT 2: Women and children increase their use of quality nutrition and health services

INTERMEDIATE RESULT 3: Women and their families increase their consumption of diverse and nutritious food

INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is strengthened

In addition to the above the results areas, Suaahara has four cross-cutting themes: gender and social inclusion (GESI), social and behavior change communication (SBCC), social mobilization and governance, and monitoring and evaluation.

This report comprises a description of results and activities for the period August 1, 2014 to July 31, 2015.

PROJECT ACHIEVEMENTS

Suaahara is on track to achieve annual project targets. The following sections provide highlights of key achievements during the reporting period. The Performance Measurement Table and progress against the year four work plan can be found in Annexes one and two..

INTERMEDIATE RESULT 1: IMPROVED HOUSEHOLD HEALTH AND NUTRITIONAL BEHAVIORS

ESSENTIAL NUTRITION ACTIONS

KEY ACHEIVEMENTS

- **627,655** women and family members reached through 31,070 food demonstrations sessions
- **99,847** women and family members reached through ward level interactions
- **69,358** home visits conducted to 1,000 days households
- **6,318** families identified and recognized as an ideal family
- **149,370** thousand days' women and their family members reached directly in different nutrition related days celebration
- **12,062** frontline workers trained in MIYCN
- **1,140** Integrated Nutrition corners established at health facilities
- **114,344** number of people trained in child health and nutrition in the last one year period

Building Capacity and Leveraging Different Contact Points

Initially, six-day integrated nutrition training was conducted in 21 districts (five expansion and 16 newly added) to generate common understanding among staffs for implementing activities at the community level. As a part of developing skilled trainers in MIYCN, 83 Master Trainers (44 male and 39 female) were trained on a revised



A health mothers' group discussion ongoing in Sindhupalchowk

manual. These trainers in-turn helped develop health as well as non-health trainers in 12 districts. A total of 5,568 health and non-health workers (54% male and 46 % female) were trained. The trained personnel have been disseminating integrated nutrition messages and providing counseling services to 1,000 days mothers and families in their communities. In six districts, Suaahara trained 4,810 Female Community Health Volunteers (FCHVs) and Social Mobilizers (SMs) in the revised MIYCN approach and these workers are directly in contact with 1,000 days mothers and decision makers.

Suaahara provided refresher trainings to 1,224 FCHVs in three districts introducing new topics such as nutrition in emergency, clean house concept, role of family in improving nutrition status and active feeding.

Traditional healers and religious leaders are playing influential role in the community particularly for mothers given that they are the first point of contact during illness. Suaahara trained 460 traditional healers and religious leaders (426 male and 34 female) on the importance of health, WASH, and nutrition, with an emphasis on caring for sick children. It's reported that the traditional healers are referring sick children to the health facilities,

providing counseling on consumption of nutritious food, and advising families to use iodized salt.

Reaching 1,000 days women and decision makers

Ward level interactions

In order to improve nutrition and WASH behaviors at the household level, FCHVs were mobilized through ward level interaction. FCHVs reached 99,847 individuals (79% female and 21 % male) in 5 districts. In order to involve men in raising children and provide support to 1,000 days mothers, Suaahara reached 2,206 husbands and father-in-laws through interaction programs on the importance of integrated nutrition and family support.

Nutritious food demonstrations

Through food demonstration sessions, Suaahara aims to bring positive changes in complementary feeding practices. Such demonstrations have become popular and effective in regular health mothers' group meetings and provide hands-on experience to mothers on complementary feeding, cooking effectively while minimizing nutrient loss, knowledge on food diversity and help promote healthy and hygienic behavior. A total of 627,655 (90% female and 10% male) women and family members have participated through 31,070 food demonstrations programs led by FCHVs. It is observed that mothers and families are promoting locally available produce and have reduced the consumption of readymade food available in the market.



An FCHV shows importance of different pulses in a food demonstration session

Pema Diki Sherpa, a resident of Garma VDC, Solukhumbu is a 1,000 days mother of a 9-month old baby boy. Before she participated in the food demonstration program organized by Suaahara, she had misconceptions about feeding egg to a child. She thought feeding egg would result in the child being dumb and unable to speak. Hence, she refused to take the risk and feed her son eggs. However, after participating in food demonstration, she got the opportunity to talk to other mothers who shared their experiences and perceptions. She witnessed mothers fearlessly feeding eggs to their babies in the food demonstration program. Today she shares, "I learnt about the importance of egg and after realizing its nutritious value, I gave up my previous thought and now feed my son eggs regularly."

Home Visits

Suaahara Field Supervisors visited 69,358 1,000 days households, with 25 percent being from disadvantaged communities to facilitate the adoption of health, WASH and nutrition related behaviors as well as reinforce key Suaahara messages such as focusing on sick child feeding, consumption of zinc tablets, hand washing during critical times, family members' support, monitoring the status of homestead gardens and poultry, and encourage listening to Bhanchhin Aama radio program.



Field supervisor Prakash Kumar Rai in Sankhuwasabha discussed on diversified diet during a home visit

Counseling through health service contact points

Suaahara provided integrated nutrition counseling through service contact points to 1,000 days mothers and their family members and has supported integrated nutrition corners in 1,140 health facilities and clinics with high patient flow. The establishment of nutrition corners provides guidance on nutrition counseling to health facility staff on nutrition specific actions during ANC visits, infant and young child feeding, WASH and family planning.

Mobilizing Peer Facilitators

Suaahara mobilized 367 facilitators in disadvantaged VDCs of four districts: Bajhang, Rupandehi, Sindhupalchok and Bhojpur. Peer facilitators are reported to be helpful in disseminating health, nutrition and WASH related messages to 1,000 days mothers and their family members. Peer facilitators communicate integrated nutrition related messages to common meeting points in the community. Suaahara is exploring the potential of expanding this model based upon evidence generated through pilot research.

“After peer facilitators have been mobilized in the disadvantaged communities, we have noticed stark increase in the number of people coming from remote communities for ante-natal and post-natal check-ups and they seem to have been taking iron tablets regularly as well. I have seen some peer facilitators bring mothers who are unwilling to get check-up to the health facility themselves,” says Sita Rawal, Auxillary Nurse Midwife, Chaudhari Health Post, Bajhang.

Nutrition related day celebrations

World Breastfeeding Week, FCHV Day, Iodine month, World Egg Day, and School Health and Nutrition Week were celebrated at various districts and communities. Such celebrations provide a larger platform to disseminate and reinforce integrated nutrition messages and raise mass awareness. Suaahara organized various quiz contests, rallies, award functions, street dramas, song competitions, group discussions, paintings, speech competitions, and triggering exercises to reach a total of 149,370 mothers and their family members.

In order to protect and fulfill the nutrition needs of children under five years of age and pregnant and lactating women, Suaahara assisted CHD in Child Nutrition Week with counseling, screening of acute malnutrition, referrals, micronutrient distribution activities, deworming distribution, maternal nutrition counseling, and orientation of health workers and FCHVs on CNW. Suaahara was also responsible for compiling monitoring data for CHD from various implementing partners in five earthquake-affected districts.

Doing things right the second time

Uma Pandey from Syangja district is a mother of two children: a daughter and an eight month-old-son. Uma is a confident mother and understands what it takes to raise her child healthy. However, this was not always the case.



Uma with her son in a mothers' group meeting

Uma's first daughter was raised without the knowledge of the importance of golden 1,000 days period, which is why nutrition, sanitation and hygiene as well as health issues were hugely compromised. Uma reflects, "When my daughter got sick, we took her to a traditional healer and not the health post... and she used to get sick often." Going for ante-natal checkups or having a diversified diet or taking iron supplements were out of question for Uma when she was pregnant with her first child. She also did not receive the needed support from her in-laws at home.

Uma's eyes opened after she received training from USAID-funded Suaahara program, which is when she realized her ignorance and vowed not to repeat them while raising her son. She also received regular support from Suaahara's field supervisors and other frontline workers to ensure that she followed the practices she learned from the training and that her family members particularly in-laws helped her. So this is what she did right the second time: she made sure to go for regular ante-natal checkups, hygiene and sanitation became her first priority and ensured that it was not compromised when cooking and feeding, and she included green, yellow vegetables and eggs and milk in her diet. Understanding the importance of breast milk, she exclusively breastfed her child and introduced healthy complementary food after six months. Today, she is happy, "my son doesn't fall sick as often as his sister and my family is supportive," says Uma.

Note: Story collected through Most Significant Change Technique. The story was selected by the vetting team because it reflects how effective Suaahara's approaches have been in helping change a mother's behavior towards the betterment of her child. The vetting team thought that this story also has the potential to inspire others.

ESSENTIAL HYGIENE ACTIONS

KEY ACHEIVEMENTS

- **52** VDCs declared ODF making a total of **106** VDC
- **1,017** households certified clean house. Orientation on clean house concept for **490** partners and **901** FCHVs and **6726** WCF members
- **1,067** teachers and **1,300** child club members trained on school WASH and Clean House
- **95** D-WASH CC and **608** V-WASH CC meeting conducted
- **8,176** people reached through **361** community triggering events
- **267,628** people directly reached through **14,924** hand washing stations
- **3,246** P/A vials tested reaching **36,593** people
- **77,030** people directly reached through celebration days
- **480** partner staff trained on WASH ToT **93** masons trained on household latrine construction

Institutional strengthening and capacity building

Suaahara continued to emphasize institutional strengthening of WASH CCs at district and sub-district levels with a focus on enhancing leadership, particularly on systematic planning, collaboration and management of promotional activities, thus institutionalizing hygiene promotion into their own frameworks. A major focus this year was on promoting systematic review and planning, joint monitoring and sharing, and updating institutional databases. Suaahara focused on generating active discussions around the clean house concept as a tool to maintain total sanitation status in ODF zones and to increase the rate of ODF certification at the VDC level. Suaahara supported 95 D-WASH CC meetings, 608 V-WASH CC meetings, and 52 joint monitoring visits. Additionally, 84 planning and operational management trainings for 2,384 V-WASH CC members were conducted, focusing on ODF and clean house campaigns. There was also emphasis on the education and health sectors for triggering and mobilization to promote hygiene, and develop plans of action in six and four districts respectively, for a total of 482 education and 108 health officials.

Rising Beyond Duty

As an immediate output of V-WASH-CC management training, the V-WASH-CC members of Dandagaun VDC of Rasuwa carried out door to door visits encouraging and counseling individuals without latrines. Babu BK of Dandagaun was one among those individuals that the team visited who didn't have a latrine. During the home visit, he realized the need of constructing latrine for better health and hygiene through practical triggering session. He was then convinced to construct the toilet but resource constraint restricted him. The resource constraints no longer remained the barrier to constructing latrine; V-WASH-CC members, Tukku Subedi and Somkaji Gurung assisted Babu with sheets of tin and wooden logs required to construct the latrine. Babu now has a latrine constructed ready for use and shares his thankfulness to the community members for their benevolent act.

Clean House Concept

The clean house concept remains a major focus for Suaahara in order to improve the health and well-being of 1,000 days families. Suaahara has worked closely with various stakeholders at the local level to mobilize and define their own strategy for clean house certification. To date, 1,134 households have been certified, underscoring the enthusiasm for this type of program. As a component to the clean house approach, Suaahara conducted a barrier analysis study in Lamjung to identify barriers to chlorine adoption, and prioritize key behavioral determinants for targeted program activities and messages

ODF campaigning

During the year, ODF campaigns remained a priority and saw significant results. Six districts, Bajura, Bardiya, Nawalparasi, Gulmi, Lamjung and Gorkha, declared ODF. Further, 52 VDCs declared ODF this year. Some districts were very close to declaration (Dolakha, Sindhupalchowk and Rasuwa); the earthquake set back their schedule, although the districts are dedicated to reaching their goal. Suaahara also played a significant role in organizing and facilitating large mass awareness activities at all levels, including seven district WASH conferences, and 361 community triggering sessions.

"FCHVs' supporting Suaahara program for raising awareness is highly appreciated. Siktahan VDC secretary credits 70% of the achievement to the input and processes of Suaahara in ODF campaign shows that the program is really contributing in uplifting health and well-being of the target population."

– Rudrahari Kunwar, Secretary, Federation of Nepali Journalists on a media monitoring visit.

Promoting sanitation at the household level

People in the Jhi VDC of Myagdi district have become resolute about sanitation and hygiene. Low income households are supported by the district development committee to build latrines; and in the leadership of the local mothers' group, a saving and credit cooperative is providing jute bags to collect waste helping keep the community clean.

From the 94 households in the VDC, more than 75% houses have been awarded clean house certificate for maintaining proper hygiene and sanitation behavior as well as keeping their house and surroundings clean.

Suaahara has been building awareness on clean house concept where households have a hygienic latrine, clean drinking water, proper waste management and members practicing hygienic behaviors as a post ODF strategy.



V WASH CC member puts a clean house sticker on a 1000-day mother household in Jhi

INTERMEDIATE RESULT 2: INCREASED USE OF QUALITY NUTRITION AND HEALTH SERVICES BY WOMEN AND CHILDREN

KEY ACHEIVEMENTS

- **3,183** participants participated in a three-day HFOMC capacity building training in eight districts.
- **4,391** participants participated in **1,992** HFOMC monthly meetings for QI promotion to address the quality issues related to MCH/ FP and nutrition.
- **3,258** participants participated in a one-day follow up HFOMC review workshop in **214** health facilities.
- **18,882** participants participated in 673 community level interaction events to increase the ORC services.
- **76,620** FCHVs participants participated in 6,425 monthly meetings.
- **1,469** service providers oriented in 3 days HTSP orientation along with FP compliance orientation in 11 districts.
- **945** participants participated in 47 RHCC meetings in 23 districts.
- **174** health facilities and 367 PHC/ORC were supported with essentials equipment's and materials to improve health worker efficiency and the service quality.
- **92** service providers trained in LARC (IUCD/Implant) method which in turn provided service to **238** clients.

BUILDING CAPACITY OF HEALTH SERVICE PROVIDERS

Suaahara, under the leadership of CHD, organized three-day community based integrated management of neonatal and childhood illness (CB IMNCI) workshops in Dolakha, Taplejung, Sankhuwasabha and Myagdi to ensure understanding of the modality of implementation as well as generate IMNCI implementation plan. The IMNCI training was developed under the premise that it will help to strengthen services for newborn health, treatment of sick children and increase the use of ORS and zinc. In Taplejung and Myagdi district, 41 health workers were trained on IMNCI. In addition, to address issues at district level, district specific workshops were organized to develop action plans for health facilities to strengthen nutrition service delivery in eight districts; 483 health workers participated.

IMPROVING QUALITY OF HEALTH SERVICE DELIVERY

The role of Health Facility Operations Management Committee (HFOMC) is essential in improving the overall operation and management of local health services as well as in generating resources at the local level. In seven districts (Dolakha, Sindhupalchowk, Manang, Syangja, Darchula, Bajhang and Sankhuwasabha), of 159 health workers were trained at TOT in a three-day HFOMC training. These trainers in turn trained 3,183 HFOMC members from eight districts. Such trainings aspire to create a better understanding of roles and responsibilities of each member, annual work plans, strategic plans conduct social audits and addressing issues of marginalized groups in order to improve the quality of health services. After the training, 1,992 HFOMC monthly meetings have been organized where 4,391 members have participated with an aim to indentify gaps in health service delivery and improve the quality of health services.

Many issues and gaps have been identified and followed up in action plans by HFOMC. The main issues identified were related to poor water supply in health facilities including drinking water, poor cleanliness including waste management and counseling services and

irregularity in HFOMC meetings. Other issues were related to insufficient supply of medicines, Implant service and equipment such as delivery beds. The HFOMC have also been active in addressing the issues identified. For example, in health facilities of Gorkha HFOMC meetings have been regular, also coordination with DPHO has allowed adequate supply of medicines and DPHO has also provided training and equipment for Implant service, purchase of drums have helped to store water, and land has been sought to dump and manage waste among many other things.

Inspired from the HFOMC training

HFOMC monthly meetings have proved to be very essential in identifying health facility problems and addressing them. Such meetings have also encouraged community people to stand-up for their health. After the HFOMC training on roles and responsibility provided by Suaahara, such meetings have regularized. After a similar training, the members of Jomsom VDC HFOMC were inspired to collect and establish emergency fund from local resources for 1000-day mothers. "Suaahara inspired us to establish an emergency fund for 1,000 days mothers. The HFOMC and integrated nutrition training organized by Suaahara instigated a desire to rise above our responsibility and do something which is why we thought of the emergency fund," says Karna Thakali from Jomsom Health Post, Mustang.

Suaahara also supported essential equipment and materials to 174 health facilities and 367 PHC/ORC. Partnership defined quality (PDQ) workshop in selected VDCs to follow up on action plans was conducted in 214 health facilities where 3,258 participants participated – problems were identified and prioritized and constraints that deter achieving quality health services were analyzed.

STRENGTHENING HFOMC THROUGH COMMUNITY ENGAGEMENT APPROACH (CEA)

With the objective to increase the HFOMC's responsiveness to the needs of women and other marginalized groups through strengthened community outreach and participation, Suaahara used the strengthening HFOMC through community engagement approach, a collaborative project of Suaahara and Gender Policy Measurement. A three-day CEA training including monitoring tool was provided to Suaahara staff and field supervisors to build their capacity in regard to providing technical support in implementing CEA activities in the field.

To prepare trainers to roll out trainings in Baglung (both HFOMC and CEA) and Syanja (HFOMC) a seven-day D-ToT was provided where 30 participants (26 males, four females) participated. Altogether 95 HFOMCs are reformulated in both Baglung and Syanja districts. In reformulation process, the importance of inclusiveness and members' active participation in local governance and community decision-making process has been emphasized. To make HFOMC members accountable towards their role and responsibility and strengthen governance for better management of health facilities, a three-day capacity building training was organized in 81 Health Facilities in Baglung and Syangja, where 768 participants participated.



A thousand-day mother with her child in a health post after HTSP counseling

A three-day CEA training to make HFOMC members responsive towards the need of community and to facilitate quality health service especially in DAG was organized in 13

VDCs where 166 members participated. In addition, Suaahara oriented 376 mobilisers on community health issues in order to address the community's priorities to health service providers. After sharing the effectiveness of CEA pilot interventions in a meeting where 33 people including DHO and health post staff of the six pilot VDCs participated, the CEA was endorsed for district wide implementation. District authorities allocated budget to support HFOMC for strengthening health services in all 61 health facilities of Baglung, which will be used to establish a community data board to help maintain transparency of health services delivered to community people. The data board is already established in some health facilities and expected to for the next year

INCREASING ACCESSIBILITY OF NUTRITION AND HEALTH SERVICES

Primary health center/outreach clinic (PHC/ORC) services aim to provide essential health care services at periphery level focusing people living in rural areas and disadvantaged groups. To address MNCH existing problems within the community and to improve operation of PHC/ORC services, with the technical support from Family Health Division (FHD) and respective DHO, Suaahara organized two-day district level orientations in 10 districts orienting 244 health facility in-charges.

"There is increase, surprisingly, in use of iron tablet and ANC check-up after strengthening of ORC/PHC." - Indra Kumari Tamang, ANM, Sabhapokhari health facility, Sankhuwasabha

The respective health facility in-charges conducted interaction programs in 673 PHC/ORC clinics of 10 districts where 18,882 participated. Suaahara organized training for 337 low performing health facilities of 10 districts to build awareness on effectively managing and operating the outreach clinics;



A mother brings her children for health check-up in an outreach clinic

Suaahara has supported 6,425 FCHV meetings to facilitate discussions on strengthening their role in regard to the treatment of sick children, ANC/PNC checkups, FP/HTSP messages, and availability and compliance of ORS, Zinc, Iron/folic acid, Vitamin A, Cotrim tablets and timers. Altogether 76,620 FCHVs participated in these meetings in this year.

"We didn't know about the existence of PHC/ORC management committee until Suaahara's training or the sort of services it needed to provide. Having a management committee means that we will now be able to track and monitor the quality of services provided by PHC/ORC particularly to 1000-days mothers and children," says Ram Dhakal, Member of PHC/ORC committee Pandrung-5.

IMPROVING HEALTHY TIMING AND SPACING OF PREGNANCY

In order to improve FP/HTSP counseling services, Suaahara initially provided orientation to 111 health workers in five districts. Additional roll out orientation in eight districts was provided to 1,358 participants. Suaahara included US Government family planning legislative and policy requirements as part of the orientation. After the orientation, participants showed commitment to improve counseling services and ultimately support to improve contraceptive prevalence rate CPR of the district. Suaahara has been providing

additional support for review meetings to monitor progress action plans. During this reporting period, 12 such review meetings were conducted involving 708 participants.

Suaahara supported 47 regional health coordination committee meetings involving 945 participants to discuss issues related to family planning, maternal and child health and nutrition services, as well as strengthening the RH services to enhance collaborative work in the district. Access to Family Planning service is the key to birth spacing and contributing factor for overall nutritional and health status of the community. Thus, Suaahara under the leadership of NHTC provided IUCD and Implant training to 92 service providers (72 females and 20 males) from 23 districts. These providers were also provided with 2 sets of IUCD and Implant insertion and removal sets to start the service at the earliest. This year alone, these providers have provided family planning service to a total of 238 clients (IUCD: 27 clients and Implant: 211 clients). In order to ensure stock out status of key family planning and MCH commodities and quality health services related to maternal, CB-IMNCI, FP and nutrition, 287 HFs were visited by district team using health facility checklist.

"We used to go to Phaplu hospital carrying our child in kokro (bamboo basket) even for minor problems. It was difficult to travel for two hours for reoccurring problems such as common cold, diarrhea, and fever. I came to the PHC/ORC clinic for check-up when it started running for the first time. I felt the service delivered was good and it is very accessible. We are getting general check-up for our children such as growth monitoring, treatment of pneumonia, diarrhea, ARI etc. in this clinic," says Geeta Karki, 1000-day mother, Najing, Garma

Realizing the potential of their family

Rupa Khatiwada, 26-year-old, residence of Phulbari VDC in Taplejung regrets compromising her health to give birth to five children.

Rupa portrays a common picture of a rural woman in Nepal. Coming from poor family, Rupa did not go to school and got married under family pressure when just seventeen. She gave birth to her first son at a young age of 18 and second just after two years. After that she continued to give birth after each year or two to three more children. She didn't go for ante-natal checkups, take iron or folic acid or an extra meal a day.



Rupa with her husband and her children

"I wish I had known better," shares Rupa. It was only after the birth of her fifth child that she attended the ward level interaction program organized by Suaahara program. It was after participating in mothers' group meetings and different trainings that she realized the importance of family planning and healthy timing and spacing of pregnancy. Suaahara also continued counseling the family about different family planning options available. With their new found knowledge, Rupa and her husband committed each other to use a family planning method. Today, their fifth child is already 2-years-old and they do not want another child. She shares that her husband is now using condom as a temporary family planning option. They visit health facility and outreach clinic as per needed.

Rupa adds, "I advise other girls to not repeat the same mistakes I did: to not marry early, to keep birth spacing and most importantly to use family planning method and not have many children."

INTERMEDIATE RESULT 3: INCREASED CONSUMPTION OF DIVERSE AND NUTRITIOUS FOOD BY WOMEN AND CHILDREN

KEY ACHEIVEMENTS

- **3,121** 1000-day DAG mothers received material support to build chicken coop
- **20** supervisions and monitoring visits from agriculture service center and livestock service center.
- **2,604** persons (including 1,000-day mothers, FCHVs and farmers) trained as Village Model Farmers in 25 districts and 1,080 VMFs provided start up materials to establish model HFP at community level based on need and action plan
- **104,177** composite seed packets of vegetables distributed to 1000-day mothers, FCHVs and VMFs, and **123,126** orange fleshed sweet potato vines distributed to 5,440 mothers, 1,703 FCHVs and 740VMFs
- **113,004** chicks distributed to 20,518 1000–day mothers, 1,780 FCHVs and 509 VMFs.
- **84,066** HFP gardens established including 21,249 new gardens in the 5 newly added districts.
- **21,857** mothers (1000-day and FCHVs) and **1,552** male members provided HFP basic training; and **1,004** mothers, **935** group members reached by **1,383** HFP meeting and **236** supportive
- group oriented on importance of Newcastle disease vaccine and biosecurity measures for bird flu
- VMFs given additional technical training to develop expertise (collective marketing training to **169** VMFs, seed production training to **221** VMFs, LRP training to **323** VMFs, brooding center training to **28** VMFs)

IMPROVING HOMESTEAD GARDENS AND BACKYARD POULTRY

HFP interventions that were initially concentrated in nine highly food insecure districts, are now being implemented in 41 districts of Nepal. Altogether 95,000 households were reached by Suaahara to ensure better management of vegetable gardens and backyard poultry. A number of trainings (MTOT, DTOT) on HFP were organized in coordination with government agriculture and livestock services to reach community people. This helped to sensitize community about the importance of vegetable diversification and rearing chickens for family's access to quality food.

To support households in management of kitchen garden and poultry, technical knowledge and skills were provided to 1,000 days mothers, FCHVs and family members in villages. As the training is not enough to translate knowledge and skills into action, the mothers with low socio-economic status were provided composite vegetable seeds of dry, rainy and winter seasons to produce diverse vegetables. They were also provided with five eight weeks brooded chicks to rear productive chickens for more eggs. Seasonal monitoring of HFP (rainy season report, 2015) showed that 91 percent of the surveyed households have homestead gardens of different types, of which 39 percent households had improved homestead gardens. Similarly, 67 percent of HHs reported that for the last four months the vegetables produced from their homestead garden were enough for two meals a day. Eighty percent of HHs have chickens at their home with an average of five chickens per household.

Thirty one percent of households had hens that had started laying eggs with an average of seven eggs per week and 43 percent of children consumed the eggs with an average of 2 eggs per week.

ESTABLISHING HOMESTEAD FOOD PRODUCTION MODELS IN VILLAGES

As envisioned by the program, Village Model Farms (VMF) are being established as the resource centers where new 1000-day mothers could benefit from inputs of nutrient dense vegetable seeds as well as improved poultry chicks and also receive counseling on nutrition and technology related to farming and poultry management.

Village Model Farm is a demonstration plot of a 1,000 days mother with improved homestead food production. It also serves as centers of innovation and information on nutrition and agriculture. The owner, who develops village model farm, is known as Village Model Farmer (VMF). With the objective of providing extension advice and nutritional education at the community level through the VMF, Suaahara conducted five days HFP capacity building training in 16 districts this year. A total of 2,604 enhanced their capacity in communication, leadership and social mobilization skills that are essential for VMFs to lead HFPB groups.

This reporting period, more emphasis was laid upon enhancing capacity of person selected as Village Model Farmers through the 5 days capacity building training and equipping them with start-up of small agriculture tools and supplies so that they could set up model homestead food production (HFP) at their own. The sustainability of HFP is strongly connected to VMF. They are the role model for the community.

Trained VMFs have been proactively involved in regularization of homestead food production beneficiary groups' (HFPB) monthly meetings. They have been coaching members of the group to follow crop calendar for year round vegetables production, and most importantly initiating the group registration process. Training the Village Model

Sharada Adhikari, village model farmer of Dhaibung, Rasuwa started to collect orange fleshed sweet potatoes from her garden and community as the local trader and through the nearest newly constructed collection center supported by another UNDP-funded Project (MEDEP) earned NPR 50,000 in six months duration.

Farmers has helped to increase their social mobilization, group facilitation and leadership skills that are essential to serve as a resource person. However, the training is not enough for VMF to develop small enterprise on homestead food production and to help increase community's access to improved agriculture inputs like seeds, chicks, and vaccine. A need based specialization training (11 seed production, 1 brooding center, 9 collective marketing and 15 local resource person) contributed to upgrade VMFs as seed producers, brooders and fresh vegetable traders in the original nine food insecure districts.

LINKING MOTHERS GROUP WITH GOVERNMENT BODIES FOR SUSTAINABILITY

HFP beneficiaries have been organized into HFPB groups as the sub-group of health mothers group for the sustainability of HFP interventions. Furthermore, to ensure sustainability of these groups registration under DADO and DLSO is initiated. Till date 185 HFPB groups have already registered to DADO and registration of groups at concerned government bodies is ongoing. Role of Field Supervisors and VMFs (group leaders) are very crucial in regularization of HFPB group meetings and initiating registration of groups.

Consultation and coordination with as well as involvement of government stakeholders at different level from community to national have made it possible to integrate HFP messages into trainings provided by government. The Suaahara-Agriculture Advisory group meetings, consultative meetings with agriculture and livestock services offices, regular supportive monitoring visits from DADO, DLSO, agriculture service center and livestock service center provided support in building ownership of government towards HFP for maternal and child nutrition. One hundred eighty five HFP groups have been registered with DADOs and DLSOs.



A VMF received buck (male goat for seed purpose) from DLSO after registration in Sanai VDC, Nawalparasi

A Village Model Farmer motivates mothers

A small yet well managed household with a lush kitchen garden and a clean chicken coop in Niwari VDC of Taplejung district is grabbing the attention of many. This house belongs to a 1000-day mother, Maunta Palunga. "I have worked really hard to build this... the garden, poultry and a hygienic house," says Maunta.

A year and a half ago, she had very little idea about nutrition and maintaining variety of seasonal vegetables or managing poultry at home. It was when she attended the USAID-funded Suaahara program that she realized the importance of having access to nutrition food at home and to cultivate it. She received training in homestead food production and was provided agriculture inputs.



Maunta in her garden with her child

For Maunta consuming diverse vegetables, and meat and eggs was something that was a luxury. Today, with an array of yellow and green vegetables in her garden and multiplied poultry, nutritious food is easily obtainable at home. Maunta is also a village model farmer and a role model in her community inspiring other 1000-day mothers to proactively practice vegetable and poultry farming so that they can consume and provide nutritious food to their children.

"I understood what it takes to become good at agriculture and I impart the skills to other mothers so that they can have access to good nutritious food at home," expresses Maunta.

Note: Story collected through Most Significant Change Technique. Vetting participants selected this story as the best because of her agriculture efforts – she has effectively applied and developed her knowledge to manage her gardens: from growing variety of vegetables to using organic pesticides.

INTERMEDIATE RESULT 4: STRENGTHENED COORDINATION ON NUTRITION BETWEEN GOVERNMENT AND OTHER STAKEHOLDERS

COORDINATION AND LINKAGE AT THE NATIONAL LEVEL

Suaahara routinely coordinated with the Child Health Division regarding the planning and implementation of all nutrition activities to align them with national strategies and policies.

The project has been represented in various national-level forums such as the Emergency Nutrition Cluster, Food security cluster, the MIYCN committee, FP committee and various technical working groups under Nutrition Technical Committee. Similarly, all district teams have coordinated with respective district line agencies for program implementation.

Suaahara also regularly participated in the NPC led High Level Nutrition and Food Security Coordination Committee and participated in technical working groups under the MNSP.

Suaahara program team also conducts coordination meetings with USAID funded KISAN project, WB funded Nepal Agriculture and Food Security Project to avoid duplication.

REGIONAL AND DISTRICT LEVEL COORDINATION

Under the leadership of Child Health Division, orientation on Suaahara was provided in Nepalgunj for regional and district stakeholders of 21 expansion districts with an objective to create a favorable environment in Suaahara districts, as well as to sensitize on the global and national nutrition initiatives, policies and strategies. The participants were from Regional Health Directorates of central, western, mid-western and far western development regions and districts. The orientation has helped to create a cooperative environment and Suaahara has been able to receive support from DHOs/DPHOs as well as Regional Health Directorates (at the district level).

Regional Nutrition Advocacy and Review Meeting in the central and western regions under the leadership of child health division was conducted with the objectives to provide an update on global and national nutrition initiatives, policy and strategy, as well as to share regional and district level program achievements, issues and challenges.

A consultative meeting was conducted in the new 16 Suaahara districts under the leadership of DDC/DHO/DPHOs with the objective to introduce Suaahara program to the district stakeholders from government and non-government sectors as well as political parties and mass media. Another two-day planning meeting was organized on Suaahara's annual implementation plan that was endorsed by district nutrition food security steering committee.

This year Suaahara also facilitated to commit budget for children (10%), women (10%) and disadvantaged groups (15%) from government allocated village development committee (VDC) block grants in the amount of NPR 56,133,589 for the fiscal year 2071/72 – 2072/73 BS. Further, the social mobilization related activities are creating an enabling environment between Suaahara and government stakeholders for sustaining Integrated Nutrition programs at local level and strengthening DDC/VDC governance capacity for executing multi-sector approaches.

CROSS CUTTING THEMES

GENDER EQUITY AND SOCIAL INCLUSION

KEY ACHEIVEMENTS

- **8,7084** men engaged through ward level interactions, food demonstration and hand washing sessions, tradition healers training and MIYCN sessions
- **56,198** men participated in 4,438 ward citizen forum's quarterly meetings
- **2,604** (342 Dalits, 750 Janjati, 21 Muslims) village model farmers were trained and developed leadership in homestead food production
- **367** Peer Facilitators continued to mobilize and reach DAG households
- Approximately **57,356** women participated in planning process to voice their agenda, using Ward Citizen Forum
- **1,552** men participated in homestead food production training
- **17,438** DAG households were supported through home visits and counseling
- **4,857** DAG households received materials for construction of toilet and **3,121** for coop construction

TARGETING AND REACHING OUT TO DAG HOUSEHOLDS AND COMMUNITIES

Suaahara is using targeted approach within district wide coverage to ensure equal opportunities for historically marginalized populations. DAG mapping helped in identifying and including women and men from DAG. DAGs were particularly targeted to increase participation and leadership role to improve household level nutrition and health behavior.

A number of affirmative actions were taken to reach DAG such as: materials support for coop and toilet construction, mobilization of peer facilitators to reach remote DAG communities, organizing reflect sessions and radio listeners' group discussions, in CAC and WCF, where participation is particularly from DAG communities. Mapping and strategic targeting of DAG has addressed inequities by closing the gap. The process evaluation findings show that the values for most MIYCF and WASH indicators are increased and also the gap between disadvantaged and non-disadvantaged groups has narrowed significantly.

Also through CEA, the voices and needs of DAG women and men were collected in the HFOMC capacity building process and translated into action plan to improve the quality and access of health services. This also helped to strengthen health governance while tackling the health issues of remote communities through mobilization of local resources.

Indicators		Comparison		Intervention	
		DAG %	Non DAG %	DAG %	Non DAG %
Mothers with no information		49.2	36.4	5.2	4.3
Dietary diversity	Dairy	37.0	55.1	72.7	78.6
	Egg	2.2	10.2	22.7	26.2
Water treatment		46.7	60.9	61.9	65.8
No feces observed		54.2	61.7	61.7	61.5

ENGAGING MEN AND INFLUENTIALS

In all of Suaahara's activities, a key strategy is to engage men and other key influential individuals in family to create an enabling and supportive environment for the 1,000 days mothers and children. These individuals are engaged through various activities at the community level. Focus is on building their role in sharing and reducing work burden of women, promoting their role on raising and tending of children, ensuring access of women to and control over food and nutritional resources as well as health services. These messages are reinforced through radio programs as well.

EMPOWERING WOMEN THROUGH TRAININGS, SBCC AND INTERACTIVE SESSIONS

Suaahara facilitates to empower women so that they become leaders and resource persons in their community. Women village model farmers are increasing; women are voicing their agenda and seeking access to government resources through WCF and CAC etc. Women's confidence is also being built when their families are acknowledged as model families, their homes are certified as clean house, and their key life events are celebrated in presence of village mothers and leaders. Such examples are but few that portray women from DAG communities as knowledgeable, empowered, confident and a great resource for the community.

GESI INTEGRATION IN THE PROCESS AND ACTIVITIES

There is always an immense focus on gender and social inclusion when designing and implementing activities: key components as well as cross cutting. Examples: all trainings and SBCC materials including radio programs incorporate GESI perspective, analysis of internal monitoring is done to compare and measure as well as address the disparities among different social groups, agriculture as well as WASH related inputs are focused on DAG, and local resources are mobilized to address priorities in health and nutrition in disadvantaged group etc.; these are just few examples of GESI integration into Suaahara's process and activities.

The third phase radio design incorporated various topics that influence and address GESI issues. New Suaahara field staff are trained and provided GESI program tools to ensure integration of GESI into all program activities. Coordination of GESI activities with the government as well as other USAID-funded projects, development partners and GESI units of concerned ministries were continued during this reporting period.

Rising above misery to help others

Everyone from Sunikot VDC, Bajhang knows Jogi Devi Adi, mainly for the turmoil that she's been through from her broken marriage. But today people recognize Jogi Devi Adi for completely different reasons.

While Jogi is a subsistence farmer who works hard to earn bread for the family and educate her children, she still finds time to help others in need and is motivated to bring change in her community. This helping spirit is what changed things for Jogi.

Jogi worked hard to rise above and work through her scared past but obtained the needed confidence only after attending Suaahara's training. She participated in trainings that developed her knowledge on different aspects of health and nutrition.

Today, her life is drastically changed. She is a Peer Facilitator who supports female community health volunteer in her community by reaching women in remote places with nutrition related messages for the golden 1,000 days period. She was able to forget her past and build her confidence, expertise and skills thanks to the trainings received from Suaahara.

Jogi shares, "My husband left me to marry another woman. While this scarred me, it did not deter me. Suaahara gave me the push... I learned to struggle and become independent to lead a successful life".



Jogi Devi Adi from Bajhang shares her life story to a Suaahara staff

Note: Story collected through Most Significant Change Technique. The vetting team at the district level selected this story because it is about woman empowerment. A marginalized single vulnerable woman who has endured personal tragedy in her life rises to become a role model as well as economically independent.

SOCIAL MOBILIZATION AND GOVERNANCE

KEY ACHEIVEMENTS

- **530** VDCs and **11** municipalities of **23** districts committed(a total of **NPR 56,133,589** VDC block grant budget on integrated nutrition promotion related activities in the fiscal year 2071/72 – 2072/73 BS. **NPR 6,835,834** is already spent by **118** VDCs of 11 districts on nutrition related activities.
- **150** VDCs, **1** DDC and **1** Municipality of 13 districts committed NPRs **13,213,603** VDC block grant on integrated nutrition last fiscal year 2070/71 BS, which is already spent.
- **1,046** members participated in **52** district-level Nutrition and Food Security Steering Committee meetings and **42,302** members participated in 1,933 VDC level Nutrition and Food Security steering committee meetings in 24 districts.
- **17** new expansion districts have formed district level Nutrition and Food Security Steering Committees and **241** VDC level Nutrition and Food Security Steering committees are also formed.
- **19,719** participants participated in VDC level consultative meetings in new 21 districts
- **98,952** members from **4,922** Ward Citizen Forums were provided orientation on integrated nutrition in 25 districts

Suaahara provided support to form district and VDC level Nutrition and Food Security Steering committee in the new expansion districts as per the guideline in National Planning Commission. It also provided social mobilization and governance training to Social Mobilizers, VDC secretaries, ward citizen forum members and 1000-day mothers to increase their knowledge on sustaining integrated nutrition at the local level.

Similarly, Suaahara has been assisting to develop the capacity of Community Facilitators through VDC level review, reflection and capacity building workshops to establish local service provider at the grass root level.

An effort to increase realization towards people's basic right to improve nutrition status was discussed at the Citizen Awareness Center on issues raised in Bhanchhin Aama Radio Program. Various hoarding boards were installed to create awareness about VDC planning process and in integrating nutrition related activities. Likewise, most of the VDCs of 25 districts have been incorporating nutrition related activities to their plan and rapidly increasing their commitment on VDC Block Grant for new 1,000 days women and under 2 year's child.

Small initiative leads towards greater good

As a part of social mobilization and governance activity, Suaahara has been building awareness to mobilize communities to seek local resources for integrated nutrition activities through forums like citizen awareness centers, health mothers' groups, ward citizen forums and homestead food production beneficiaries groups. Suaahara has also helped to strengthen the local governance to use local resources. In Bajura district several VDCs have allocated VDC grant for 1000-day mothers and children under two years of age. Kuladevmandu VDC is one such example.



Dhana Mijar, one of the 1000-day mothers receiving salt and eggs from DHO with her mother-in-law

Recently change has been sweeping over Kuladevmandu. In the past people used to consume rock salt and were unaware about the importance of iodized salt. Many did not rear chickens and knew little about the benefits and nutrient content of eggs particularly during 1000-day period. Further, institutional delivery was also very low.

With continuous facilitation on the importance of nutrition through ward citizen forum and citizen awareness centers Kuldevmandu allocated NPR. 50,000 for nutrition intervention. It was decided that a kilogram of butter would be provided to breastfeeding mothers in the VDC. The District Health Office (DHO) also decided to provide four eggs and a packet of iodized salt to any women who came for ante-natal and post-natal checkups. So, a 1000-day mother would receive 7 packets of iodized salt and 28 eggs over a period of time up till institutional delivery.

Dhana Mijar, one of the mothers from Kuldevmandu VDC is quite happy with the DHO's initiation, "Each time I go for check-up I receive iodized salt and eggs that I know is good for my health."

It is also reported that the institutional deliveries have increased in Kuldevmandu because of this small initiation proving that continuous small support can lead to significant change in the community.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

PROCESS EVALUATION

Process Evaluation (PE) was conducted with the primary objective to document the processes by which impacts were achieved and to assess those elements of the program worked. The data collection process started in December 2014 to February 2015 and data analysis was complete in April 2015. The PE studies were based on the “theories of change” model, which maps the ways in which the flow from interventions through impact is anticipated using program impact pathways (PIP).

Three PE studies were conducted, one on program utilization and two covering program delivery. The objectives of the PE studies are listed below.

1. **Program Exposure and Adoption of Practices (PEAP):** to assess overall program exposure to all of Suaahara’s various platforms, the extent and frequency with which households are exposed to frontline workers; and whether the Suaahara strategy to provide additional support (material and communications) to targeted disadvantaged households is happening as designed.
2. **Frontline Workers (FLW):** 1) to assess whether Suaahara’s key messages, tools, and materials have reached frontline worker and the extent to which Suaahara knowledge and skills have been retained; and 2) to assess the extent to which frontline workers use the knowledge, skills and materials provided by Suaahara to provide better services to 1000-day mothers.
3. **Policy Environment and Government Structures (PEGS):** to look at program implementation at various levels including multi-sectoral policies and coordinating bodies.

MOST SIGNIFICANT CHANGE STORY TECHNIQUE (MSC)

With the purpose to document outcome level changes in the form of stories, and to support in program monitoring and to use the stories for outreach communication, MSC was conducted in 20 early implemented districts. Twelve districts conducted MSC but because of earthquake three districts were dropped out from the process.

A three-day extensive training was provided to cluster and district team who went back to the district and led the MSC process. Each district selected 2-3 VDCs and conducted the group discussions and key informant interviews to collect stories. The collected

stories were verified with relevant local stakeholders like FCHVs, Social Mobilizers, neighbors, VDC secretary etc. Stories were then written by the staff based on group discussion, interview and verified information focusing on identified significant change. The stories were vetted at VDC level in the presence of VDC secretaries, FCHVs, teachers, community leaders etc. and the selected stories from the VDCs were again vetted at the district level in the presence of representative of District Multi-Sector Committee, local media person, and other relevant stakeholders. Vetting process provided a platform for the stakeholders to have a close look on the changes brought about Suaahara and also share

- MSC trainings completed in 4 clusters
- 24 VDCs were selected for MSC
- 96 stories about the lives of 1000-days mothers and their community members collected.
- VDC level vetting at 24 VDC completed in the presence of VDC secretaries, FCHVs, social mobilizers, teachers, community leaders etc.
- District level vetting completed in 6 districts out of 9 districts (excluding earthquake affected districts)

their reasoning on why that particular change is more significant. VDC level vetting is completed in all 12 districts while district level vetting is yet to be done in some. As the vetting gets completed at district, the stories will again be vetted at Kathmandu level and come up with report and most significant stories.

RESULTS MONITORING THROUGH DISTRICT LEVEL STUDIES

Suaahara conducted the third round of district-level monitoring LQAS surveys to assess the progress made on outcome level indicators using smartphones. The survey modules were on child health, maternal health, WASH, HFP, Family planning, IYCF practices, women's work load and decision making, Bhanchhin Aama, and women's affiliation to different group. For the first 25 districts the MEAL team facilitated and monitored the process, while cluster and district teams took lead to train Field Supervisors, monitor data collection and maintain the quality of the data. District stakeholders (from the Government and other non-governmental organizations) also participated in the training and provided supervision support during data collection. In the 16 new districts, a survey firm named Integrated Development Foundation was hired to conduct the LQAS survey. Key project-related findings from round one and two could be found in the Performance Measurement Plan Table (Annex 1).



A field supervisor collects data for LQAS on mobile phone in Sankhuwasabha district

DATA QUALITY ASSESSMENT

Data Quality Assessment (DQA) was conducted in seventeen districts. DQA findings showed that most of the districts were found to be using almost all of the Suaahara M&E tools but frequency in the use of feedback forms, project issue log, data verification log and program quality standard checklist were required. A plan to improve the usage with regular monitoring is being carried out. The local NGO staffs understood the importance data quality assurance and committed to strength monitoring system.

MEAL CAPACITY BUILDING WORKSHOP

MEAL capacity building workshops were undertaken in the new additional districts. In the beginning of the fourth year, the capacity building focused on the 5 new districts (Accham, Doti, Dadeldhura, Baitadi and Nuwakot). For the additional 16 districts, cluster level training was organized in Nepalgunj and Butwal Twelve districts out of 21 have organized the district level training where 271 field supervisors and other district team members are trained. The field supervisors of six districts (Accham, Doti, Dadeldhura, Baitadi, Parbat and Nuwakot) were provided a one-day orientation on the use of smartphone application and given smart phones.

SOCIAL BEHAVIOR CHANGE COMMUNICATION

KEY ACHEIVEMENTS

- Each radio episode of Bhanchhin Aama Radio program has generated an average of **2,461** responses.
- According to the 2015 LQAS—**57%** of respondents had listened to the Bhanchhin Aama radio program. Listeners reported discussing the program with their friends and family and taking personal action.
- A new '**how to implement the campaign**' video series on mobile phones for frontline workers to support quality campaign implementation at scale. ([LINK TO VIDEOS](#))
- **11** new radio spots reinforcing key behaviors are being broadcast.
- Discussions on issues raised on Bhanchhin Aama radio program in **495** groups reached **9,900** DAG members fostering improved local understanding and ownership of nutrition actions
- **13,490** families recognized through various key life events celebrations and **6,318** families recognized as ideal family.

BHANCHHIN AAMA INTEGRATED CAMPAIGN - SOCIAL MOBILIZATION HIGHLIGHTS

1,000 days families recognized through key life event celebrations

Two community based Bhanchhin Aama Campaign activities, Key Life Event Celebration and Ideal family recognition are influencing social norms about the key behaviors during the 1000 days that a family can do to have strong and smart children.

Suaahara has helped to celebrate 13,490 key life event celebration including 9,486 in DAG households and 6,318 ideal family recognitions of which 327 were DAG households.



Mothers acknowledged as ideal family in Bhojpur

Instructional video guide for frontline workers

Findings from an interpersonal skills assessment in November 2014 revealed that the Suaahara frontline workers were not implementing the Bhanchhin Aama Community campaign activities with clarity and consistency. The SBCC team thus decided to develop a series of 'how to implement the campaign activities video guide.

The easy-to-use and easy-to-download videos are designed for front line workers or field supervisors to watch or show on their mobile phone or other accessible screen.

Examples of video guide include color pass game, complementary feeding wheel guide, key life event, Ideal family and recipe demonstration, food demonstration at community, and 3 complementary food recipes

"We are very happy to be recognized as an Ideal Family in the community. I will start to help my neighbors to make their house like mine".
- Sita Ramtel, Sipapokhari-8, Sindhupalchowk

BHANCHHIN AAMA RADIO CAMPAIGN MASS MEDIA

The increasingly popular weekly *Bhanchhin Aama* drama magazine and *Hello! Bhanchhin Aama* phone-in radio programs as well as new radio spots continue to bring attention to Suaahara's key behaviors. The programs have generated more than 100,000 responses in this year, more than 2500 a week.

Both UNICEF and the Health Communication Collaborative (HC3) programs have decided to promote the Bhanchhin Aama radio program in their own program districts because it is popular with women and families.

BHANCHHIN AAMA REACHES DAG COMMUNITIES

While many mothers can directly decide and act on the behaviors listening to Bhanchhin Aama radio programs, there are mothers who need extra support to understand the messages and adopt actions. For those, hard to reach DAG families, Suaahara also facilitates discussions following REFLECT technique on issues that are raised in the Bhanchhin Aama radio programs twice a month during their regular meeting. This reporting period, Suaahara facilitated discussions on issues raised on Bhanchhin Aama radio program in 495 groups reaching 9,900 DAG members and fostering improved local understanding and ownership of nutrition actions.

MEDIA MOBILIZATION FOR NUTRITION

In leadership of district Federation of Nepali Journalist organized orientation to all district level journalists about the situation of Nutrition in districts and role of Suaahara in 16 new districts and also updated program in 25 old districts. It has gain the trust and helped in further planning to expose nutrition related issues. Mass media orientation at the regional level was also organized to provide insights on nutrition related issues and current initiatives as well as roles of mass media in promoting integrated awareness. Suaahara also organized media monitoring visits in different districts where reporters and journalists went to Suaahara implementation sites. This monitoring activity played as a social audit of Suaahara activities initiated in VDCs.

71-year-old grandmother: A strong advocate of Bhanchhin Aama

Kumari Baniya, 71, from Gorkha is a regular listener of Bhanchhin Aama Radio program and is a strong advocate of the radio programs.

She shares, "Bhanchhin Aama radio program is simple and entertaining yet very informative. It teaches us ways on improving health, hygiene and nutritional status of pregnant women, newborn and the whole family". She further adds "I encourage pregnant women and other villagers to listen to this program".

After regularly listening to Bhanchhin Aama, Kumari has applied many lessons she learned from the radio programs in her life. She particularly started disposing her grandson's feces in the toilet after listening to Banchhin Aama radio program. With a new understanding of nutrition during golden 1000-day period thanks to the radio programs, she also encourages her daughter-in-law to feed healthy complementary food to her grandson.



71-year-old Kumari baniya from Gorkha

EARTHQUAKE RESPONSE

NUTRITION IN EMERGENCY RESPONSE

Suaahara program continued to reach its target beneficiaries despite the challenging context after the massive earthquake of April 25 2015 and frequent aftershocks. In close coordination with the CHD, UNICEF and Save the Children, Suaahara conducted Nutrition in Emergency (NiE) response activities: provided IYCF-E counseling, monitored breast milk substitutes, helped in revitalization of health



Suaahara staff measures mid-arm of a child in Gorkha

mothers' group meetings through Mother Baby Areas (MBA), managed acute malnutrition through mobilization of FCHVs and supported to establish Out Patient Therapeutic (OTP) centers. Suaahara also provided Community based Management of Acute Malnutrition (CMAM) trainings and supported in setting-up and supervise the Outpatient Therapeutic Program (OTP) centers; so far 30 OTP centers have been established.

It also intensified these activities during the child nutrition week in earthquake affected five districts: Gorkha, Dolakha, Sindhupalchowk, Rasuwa and Nuwakot. A total of 83,580 (50% boys and 50% girls) children of 6-59 months of age from 262 VDCs and Municipalities, were screened during the child nutrition week. Among them, 0.3% (244) suffered from Severe Acute Malnutrition (SAM) and were referred to OTP centers for further assessment and treatment while 2.7% (2,230) Moderately Acute Malnutrition (MAM) cases were identified and their respective mother and caretakers were counseled about MIYCN. A total of 33,206 mothers and caregivers of 0-23 months of children, and 6,538 pregnant and postnatal women were counseled on breastfeeding, IYCF and maternal nutrition.

Suaahara program made use of its presence at the district level to mobilize its staff to collaborate with the immediate relief support at the ground. It also collaborated closely with the District Disaster Relief Committees in the hard hit areas to assess and provide immediate relief support. Suaahara has supported relief supplies (tarpaulins, baby kits, food, and water purification solutions) worth NRP 3,312,946 in 13 districts (Sindhupalchok, Rasuwa, Nuwakot, Gorkha, Lamjung, Dolakha, Syangja, Baglung, Parbat, Gulmi, Palpa and Mustang).

BHANCHHIN AAMA SPECIAL PROGRAM FOR EARTHQUAKE-AFFECTED 1,000 DAYS FAMILIES

Suaahara demonstrated the positive role communication can play in a crisis. Within two weeks of the earthquake, Suaahara, in collaboration HC3, was airing a Bhanchhin Aama special program where the trusted Mana Aama character answered questions and dispelled

rumors in the affected districts. Use of Bhanchhin Aama platform was agreed by all Communication with Community (CWC) members including government to maximize its popularity for emergency situation. The team also aired radio notices immediately after the earthquake.

MEAL FOR EMERGENCY NUTRITION

The massive earthquake that struck the country on 25 April 2015 affected most of the regular activities in Suaahara districts, particularly Rasuwa, Dolakha, Sindhupalchowk, Nuwakot and Gorkha. One week after the earthquake Suaahara conducted training on IYCF in Emergencies for ENAO in Kathmandu. Part of this training included assessment and monitoring tools including: mapping breastmilk substitute and infant formula, International Code Violation Reporting Form, simple and full assessment of mother-baby pairs, referral register and referral forms.

A smartphone application was developed by the firm called Pathways through which Suaahara actively tracked non-breastfed children, breastfeeding problems as part of the initial outreach activities and screening of 1,000 days mothers. Breastfeeding practices were undisturbed by the earthquake due to well-established skills, knowledge and support from the Suaahara team; therefore, full assessment application is no longer used. As of July 3,575 women were screened.

Suaahara MEAL was part of Information Management Group of Nutrition cluster and attended the meetings regularly. Suaahara is the District Lead Support Agency (DLSA) for Rasuwa, Dolakha, Sindhupalchowk, Nuwakot and Gorkha for the GON's five building blocks and key interventions.

Suaahara undertook the reporting of overall district initially on a daily basis, weekly and monthly fulfilling the need of Nutrition Cluster. The Nutrition Cluster reporting format is a mandatory format for all nutrition partners. For this purpose, Suaahara sent out the agreed tools and template of the Nutrition cluster to the districts, provided quick orientation on its use, collected the data, verified and compiled the data. The objective is to gather information from program VDCs in order to feed into situation reports. Partners are required to submit a comprehensive report once a week on Tuesday at noon. Each week the information Management focal person in the MEAL team is responsible for compiling all VDC reports for the five building blocks of emergency nutrition.

During Child Nutrition Week, the MEAL team provided support and supervision and monitoring of CNW activities, record keeping and reporting.

MANAGEMENT

HUMAN RESOURCES

NEW POSITIONS

Suaahara placed three additional CMAM officers in Dolakha, Sindhupalchowk and Gorkha as part of the emergency response.

INTERNSHIP PROGRAM

Suaahara continues its internship program with the fourth batch of 11 interns. The third batch of interns graduated from Suaahara in July 2015. The fifth and final batch of 8 interns will be in placed in September 2015 at central, cluster and district levels. By then, Suaahara will have accomplished its target number of 50 interns in different capacities. Some of the Interns from the third and fourth batches also received the opportunity to support and learn emergency support program. Few exceptionally talented interns have competitively been selected as Suaahara staff and currently working in various positions.

STAFFING IN ADDITIONAL DISTRICTS AND CLUSTER OFFICES

The staffing placement has been completed in cluster and district Offices. The structures of cluster and district offices are the same as of the current cluster and district offices. Few of staff members from initial 25 districts and 4 cluster offices are transferred to new cluster and district offices for rapid startup of the program. Also, some of the staff members have taken additional responsibility of adjoining districts in different technical areas.

UPDATE ON INTERNATIONAL TRAVEL

Table 1 highlights the international travel during this reporting period. A more detailed report on the status of international overall for Suaahara can be found in Annex 3.

Table 1: International travel

S.N.	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks
1.	US-Nepal-US	Ms. Karin Lapping	1	7-14 February 2015	Provide technical assistance & prioritize technical areas for Suaahara expansion (in context of project extension up to 2018). Work with Nutrition Innovation Lab to identify potential areas of collaboration	100%
2.	US-Nepal-US	Mr. Ian Moise	1	19 - 24 February 2015	Provide technical assistance on WASH program, develop operational plan for Clean Household Approach, work with M&E team to determine operational research agenda for WASH, evaluate potential to tie school programming into Suaahara WASH activities	100%
3.	US-Nepal-US	Ms. Angela M Brasington	.5	15 -27 March 2015	Review and prioritize essential components of the social mobilization approach in preparation for roll out in 16 expanded districts.	50% charged to Suaahara

FINANCIAL STATUS SUMMARY

The preliminary expenditure report for this reporting period (as of July 31, 2015) is as follows:

Table 2: Summary Expenditure table

S.N.	Budget Elements	Amount in USD
1.	Direct Costs	37,468,081
2.	Indirect Costs	3,965,861
	Total USAID Expenditures	41,433,942
3.	Cost Share	5,217,572
	Total Program Expenditures	46,651,514

The current USAID obligated amount is \$56,903,000; Suaahara has spent \$41,433,942, which accounts for 73 percent of the obligated amount. However, total program expenditures including cost share is \$46,651,514. Expenditures have picked up during the past few quarters and more so with the program in the additional districts. With the current political challenges in the country, especially in the Terai region, we have noticeable disruptions in implementation of our program activities, which will impact our program delivery and expenditures for the months of August and September 2015.

CHALLENGES AND OPPORTUNITIES

- Obstruction in regular activities, post-earthquake:** Due to the devastating earthquake of April 25 and series of aftershocks in the five Suaahara districts, most of the 1,00 days mothers and their family were displaced, and their priorities also changed. Suaahara also changed its focus in these districts and intensified its activities in relief and coordination to be responsive to beneficiary needs. Routine Suaahara activities were naturally disrupted, but Suaahara's extensive district-wide network assisted in providing significant relief to families.
- Promote actions through demonstrations:** Interpersonal counseling, hands-on practice and follow-up visits are important to provide needed support to families to change and sustain behaviors. Nutritious food demonstration session are hands-on and effective in promoting complementary feeding practices and incorporating additional recipes to promote local produces would help to sustain interest and participation of beneficiaries.
- WASH initiatives:** It is observed that collaborative campaigns and conferences have been very effective for wider triggering, and when coupled with concrete activities at the household level, it provides tangible result for improved hygiene behavior. Many households, particularly DAG, do not have sufficient access to water, which will continue to play a crucial role in future planning. Additionally, the household burden on women continues to increase as young men are leaving the country for overseas jobs. Focusing future programming on women, particularly social taboos that affect women, like Chaupadi, will expand the WASH program and strengthen the overall approach.
- Demand and Supply:** PA vile tests done in the community helped to raise mass awareness on need for access to clean drinking water; however the communities were not able to meet their need.
- Gap in family planning services:** A gap in family planning service delivery is seen due to frequent transfer and change of government stakeholders, mainly service providers who have already received family planning training and HFOMC/ CEA training in the districts. In order to minimize this challenge, selection of the right participants should be done from the district level in the future.
- Reaching and supporting new mothers:** Reaching new pregnant mothers has been a challenge but institutionalization and certification of Village Model Farms through linkages with DADO/DLSO as community resource centers can support to reach new mothers with homestead food production. Coordination with DADO/DLSO and regional directors with an effort to register 1,000 days mothers groups will increase opportunity of nutrition and livelihood resources and services for group members.
- Promotion of good practices in backyard poultry:** Ensuring supply of vaccine, medicine and vet services required for improved backyard poultry production is challenging. Inadequate standards of backyard poultry intervention in Nepal with least priority to vaccination of rural poultry have resulted in poultry mortality and diseases outbreak. Further, good poultry management practice at household level is also a challenge. Intensive monitoring and supervision at household level is needed

to reinforce management practices contributing to quality production of vegetables as well as poultry. Public Private Partnership (PPP) can be a strategic approach to increase community's access to vaccine including services for small scale backyard poultry.

- **Sustainability:** The capacity of Health Mothers' and Homestead Food Production beneficiaries groups are insufficient to develop need-based programs. There is a need lobby for funds flow and seek support from concerned stakeholders in implementation, monitoring and evaluation. However, increase in VDC block grant and livelihood improvement programs initiated by MOFALD for citizen awareness centers and collaboration with National Planning Commission for multi-sector nutrition activities in the piloted districts are few good opportunities that can be an effective intervention.
- **Crisis Communication:** The great challenge was the earthquake and to figure out how to provide critical and correct information to affected people in line with government and other organizations quickly, through a trusted source in a way that people could act. In this time of crisis, the Suaahara SBCC team was able to contribute to the effort and provide leadership and support with the other organizations and to rapidly have an effective response.
- **Strengthening the capacity of women leaders:** There is an immense opportunity as well as challenge in sustaining women as community resource persons. Suaahara is supporting to build confidence as well as capacity of peer facilitators, women members of different committees such as ward citizen forum, V-WASH CC, and health facility operation management committees so that they can play a vital leadership role in their communities. Similarly, a mechanism for regular mentoring to strengthen VMFs capacity as well as building their networks for lasting program impact in a necessity.
- **Learning through MEAL:** There are different independent studies being done in Suaahara but the challenge is to bring them together to analyze and come up with concrete findings. There is a need to funnel and capture significant lessons learnt from Suaahara's implementation in the past few years by analyzing different data sources and research findings to get a distinct learning for way forward for Suaahara II as well as sharing the findings to wider audiences nationally as well as internationally.

PRIORITIES FOR THE NEXT YEAR

INTEGRATED NUTRITION

- Continue promoting and reinforcing health and nutrition behaviors for 1,000 days mothers and family members particularly feeding of sick children through food demonstrations in health mother's group meetings. Promote locally available food during food demonstrations.
- Implement MIYCN training and interaction in the new 16 districts by following existing cascade training approach.
- Strengthen nutrition counseling at service delivery points and home visits by field supervisors and front line health workers.

HYGIENE AND SANITATION PROMOTION

- Endorse and expand clean house concept and advocacy at national level.
- Rebuild confidence for ODF declaration in earthquake-affected districts by advocating integration of permanent toilet into the government's shelter package that is being developed in earthquake-affected areas. Support D WASH CC and V WASH CC to develop strategy to maintain and use existing toilets in affected areas
- Link communities to government bodies to meet their need for the supply of one of the purification method – use of chlorine for water purification at household level.
- Explore new and appropriate tools to trigger household level water treatment.

HEALTH SERVICE PROMOTION

- CB IMNCI program to health workers and FCHVs in 5 new districts.
- Continue building capacity of HFOMC through community engagement approach in Syangja and Baglung districts.
- Strengthen and Revitalize PHC/ORC program in coordination with Family Health Division in 12 districts.
- Continue follow-up and support of the health workers trained by Suaahara.
- Train and support health workers on long acting reversible contraceptives (IUCD/Implant).
- Continue support to regularize FCHVs monthly meetings at the health facility level as well as HFOMC meetings to promote QI for better services in regard to family planning and maternal and child health.

HOMESTEAD FOOD PRODUCTION

- Establish VMFs as the resource center for HFP and assist potential VMF on need basis so that they can be seed producers, community brooders, fresh vegetable traders and local resource person.
- Support in regularization of HFPB group meetings and registration of groups with DADO, DLSO in initial districts and support in establishment of community brooders to increase households' access to chicks of productive breeds.
- Sensitize mothers about importance of production pathways to nutrition through vegetable diversification and rearing chickens on newly added districts.

GESI

- Make qualitative assessment and draw learning for better strategy for the next phase with focus on integrating as well as boosting GESI aspect in all Suaahara components.
- Continue engaging men and family members in health, nutrition and HFP messages and approaches, in ways that promote dialogue and shared work-load and decision-making.
- Help build capacity of frontline workers to mainstream GESI and to develop leadership role of DAG women.

SOCIAL MOBILIZATION AND GOVERNANCE

- Help support in regularization of District, VDC/municipality level Nutrition and Food security Steering Committee meetings.
- Strengthen capacity of Social Mobilizers and Field Supervisors and provide support to conduct REFLECT sessions in citizen awareness centers.
- Strengthen capacity of ward citizen forum members including 1000-day mothers on social mobilization and governance for integrated nutrition program by mobilizing social mobilizers.
- Monitor proper utilization of allocated VDC block grants in all Suaahara districts.

MEAL

- Publish technical briefs of various components in Suaahara based on different data sources available and use advance GIS to portray the key findings.
- Conduct LQAS in five new districts as part of regular outcome monitoring and compare the changes.
- Refine and promote use of OPMIS systems by program partners and program team at all levels.

SBCC

- Production and airing of Bhanchhin Aama Phase III.
- Implementation of Bhanchhin Aama campaign activities in districts.
- Development of instruction videos for field supervisors and reinforce interpersonal communication.
- Orientation and updates to local Media.
- Testing a mobile phone intervention where people can call in to hear Bhanchhin Aama give answers to 1,000 days mothers' common question and scaling up based on results.

ANNEXES

ANNEX 1: PERFORMANCE MEASUREMENT TABLE

ANNEX 2: PERFORMANCE MEASUREMENT TABLE FOR FEED THE FUTURE DISTRICTS

ANNEX 3: TRAVEL MATRIX

ANNEX 4: ENVIRONMENTAL MANAGEMENT AND MITIGATION PLAN FOR THE USAID-FUNDED SUA AHARA PROJECT

ANNEX 1: PERFORMANCE MEASUREMENT TABLE

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
INTERMEDIATE RESULT 1: Household health and nutrition behaviors improved						
Output 1.1: Households adopt Essential Nutrition Actions (ENA) including Infant and Young Child Feeding (IYCF)						
% of children 6-23 months of age receiving foods from ≥ 4 food groups during the previous day	55.5%	63%	62.5%	69% (Original Suaahara districts)	71% (Original Suaahara districts) 60% (Including all expanded districts)	70%
Minimum meal frequency among children 6-23 months	81.7	85%	81.8%	83% (Original Suaahara districts) 80% (Including all expanded districts)	81% (Original Suaahara districts) 76% (Including all expanded districts)	82%
Prevalence of children 6-23 months receiving minimum acceptable diet	47%	54%	54.3%	60% (Original Suaahara districts) 50% (Including all expanded)	59% (Original Suaahara districts) 50% (Including all expanded districts)	55%

¹ Original 20 districts. May not be necessarily comparable with the previous ones as the survey was not done in earthquake hard hit districts, namely, Sindhupalchok, Rasuwa, Dolakha and Gorkha.

² Target for all 41 districts

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
				districts)		
% of under 6 months old children exclusively breast fed	67.4%	72%	63.9%	69% (Original Suaahara districts) 75% (Including all expanded districts)	63% (Original Suaahara districts) 69% (Including all expanded districts)	75%
# of children 6-59 months who received Vitamin A from USG supported program (Mandatory).	411,198	431,757	397,177(19 districts only)	943,800	950087 ³	987,698
% of children 6-23 months of age who consumed iron-rich animal-source foods during previous 24 hours.	27.7%	34%	38.6%	50%	31% (Original Suaahara districts) 29% (Including all expanded districts)	34%
% of sick children 6-23 months of age fed more after their illness	15.7%	21%	17.8%	21%	29% (Original Suaahara districts) 18% (Including all expanded districts)	28%
Mean dietary diversity of women of reproductive age.	4	≥4	4.1	4.1	4.8 (Original Suaahara districts) 4.4	≥4

³ This includes data from 35 districts. Does not include the ones from earthquake hit districts.

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
					(Including all expanded districts)	
# of children under five years reached by USG supported nutrition programs	408,516	469,257	418,736 (19 districts only)	1,030,389	1,015,113 ⁴	1,086,542
Output 1.2: Households adopt Essential Hygiene Actions (EHA)						
% of children under five years who had diarrhea in the prior two weeks.	21%	<20%	28%	18% Original Suaahara districts) ≤20% (Including all expanded districts)	16% (Original Suaahara districts) 18% (Including all expanded districts)	≤15%
% of mothers who dispose of their youngest child's fecal matter safely	45.6%	55%	60.8%	65% (Original Suaahara districts)	69% (Original Suaahara districts) 54% (Including all expanded districts)	65%
% of HHs using an improved sanitation facility	78.4%	84%	84.4%	87% (Original Suaahara districts)	90% (Original Suaahara districts) 83% (Including all expanded districts)	90%

⁴ Two different age groups were considered to eliminate double counting: children below 6 months and between 6-59 months. One intervention with highest coverage in each group was considered. A total of 950087 children between the age 6-59 months were reached by Vit A mass distribution in 35 out of 41 districts. And estimated 50 % of children below 6 months were reached by other interventions like ward level interactions, food demonstrations, home visits etc. totaling 65025 children (50 % of 130051 under 6 months old children in 41 districts). Thus the estimated total under five years old children reached is 1015113.

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
% of population in target areas practicing open defecation	21.3%	17%	15.2%	13%	7% (Original Suaahara districts) 10% (Including all expanded districts)	10%
# of communities (VDCs) certified as 'open defecation free' as a result of USG assistance.	20	35	34	35 (Original Suaahara districts) 64 (Including all expanded districts)	51 (Original Suaahara districts) 52 (Including all expanded districts)	22
% of child caregivers and food preparers with appropriate hand washing behavior	34.6%	50%	60.4%	70% (Original Suaahara districts)	54% (Original Suaahara districts) 31% (Including all expanded districts)	40% (in all Suaahara districts)
% of HHs with soap and water at hand washing station commonly used by family members	56.3%	61%	65.1%	80% (Original Suaahara districts) 67% (Including all expanded districts)	75% (Original Suaahara districts) 57% (Including all expanded districts)	65%
% of HHs using an improved drinking water source	83%	87%	88.9	90%	91% (Original Suaahara districts)	92%

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
					86% (Including all expanded districts)	
INTERMEDIATE RESULT 2: Women and children increase their use of quality nutrition and health services						
Output 2.1 Improved capacity of service providers to provide counseling and services on nutrition and related maternal and child health services						
# of people trained in maternal/newborn health through USG supported programs (Mandatory)	82	1986	438	198 (Original Suaahara districts) 5,892 (Including all expanded districts)	41 ⁵	2162
# of people trained in child health and nutrition (Mandatory)	284,765	33,795	134,928 Male: 10,181 Female: 124,747	87,259	114,344	227,856
% of health workers with improved knowledge in counseling and related MCH services as a result of the trainings	86%	-	Pretest score: 65.5 % Post test score: 91.3% Increased by 25.8 % points.	Pre-Post Test difference: ≥ 25% points	Increased by 21.5 % points (Pre: 71.55, Post:93.05)	Pre-Post Test difference: ≥ 25% points
% of service providers providing adequate nutrition counseling.	33.8 %	41%	56.1%	65%	43% (Original Suaahara districts)	40%

⁵ Finalization of IMNCI package took really long time. Therefore the activity could not be implemented on time and meet the target

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
					26% (Including all expanded districts)	
Output 2.2: Improved quality of health service delivery in partnership with the health facilities and community						
% of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.	Overall: 19.8% Zinc: 3.8% of SDPs ORS: 3.4% of SDPs Cotrim: 19.8% of SDPs	--	Suaahara overall: 17 %	≤15 %	24 % (Including all expanded districts) ⁶	≤15 %
% of clients satisfied with care received from service providers	N/A	--	96	-	97.4% ⁷	-
# of HFOMCs who have been engaged in a QI process	39	-	72	302 (174 from year 4 districts and 68 from Syangja and 60 from Baglung GPM)	375 (this includes 5 new districts)	375
# of HFOMCs who have addressed at least two issues related to quality each year.	N/A	-	63	250	150 (including 5 new districts)	180
Output 2.3: Improved access to nutrition and related maternal and child health services, particularly, among excluded communities						
% of pregnant women who receive at least 4 ANC visits	64.8%	70%	68.4%	72% (Original Suaahara districts)	66% ⁸ (Original Suaahara districts)	55%

⁶ Source: LMIS, 3rd quarter, 2012

⁷ This was done through client exit interviews. We feel that for various reasons most of the clients express their positive remarks in terms of satisfaction. For example, if they get any medicines, proximity to the health facility etc. may lead the client to respond positively. To assess service quality, satisfaction, and to explore quality issues, we need to have a detailed enquiry like we do in PDQ.

⁸ These are the ANC visits according to the protocol, i.e. at 4, 6, 8 and 9 months of pregnancy at least. Any 4 times ANC visits (regardless of the months of pregnancy) is estimated as 77 and 68 percent in original districts and all districts respectively.

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
				70% (Including all expanded districts)	47% (Including all expanded districts)	
% of post-partum women and newborns who receive at least 3 postpartum/postnatal visits.	15.5%	19%	19.6%	24% (Original Suaahara districts)	21% (Original Suaahara districts) 17% (Including all expanded districts)	20%
% of children with diarrhea in the last 2 weeks treated with ORS and Zinc	11%	18%	18.1%	30% (Original Suaahara districts)	23% (Original Suaahara districts) 19% (Including all expanded districts)	25%
% of newborns receiving post natal health check within 2 days of birth	52%	57%	55.2%	58% (Original Suaahara districts) 56% (Including all expanded districts)	64% (Original Suaahara districts) 61% (Including all expanded districts)	67%
% of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	30.6%	38%	38.7%	50% (Original Suaahara districts)	55% (Original Suaahara districts)	48%

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
				districts) 43% (Including all expanded districts)	37% (Including all expanded districts)	
% of children with pneumonia taken to appropriate care.	70.8%	77%	66.4%	76% (Original Suaahara districts) 68% (Including all expanded districts)	71% (Original Suaahara districts) 70% (Including all expanded districts)	70%
Percent of births attended by SBA	55.4%	60%	58.7%	65% (Original Suaahara districts) 60% (Including all expanded districts)	68% (Original Suaahara districts) 61% (Including all expanded districts)	65%
Output 2.4: Improved healthy timing and spacing for pregnancy with focus on marginalized and unreached women						
# of additional USG assisted community health workers providing FP information and / or services during the year.	9,778	2,615	2,150	1,274	1,175 ⁹ (Includes 5 new districts)	6,913
% of USG assisted service delivery sites providing FP counseling and/or services.	N/A	60%	81 %	90 % (Original Suaahara districts)	85 % (Original Suaahara districts)	75%

⁹ Estimated 80% of those who received FP/RH trainings, considering staff turnover and transfer

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
# of people trained in FP/RH through USG supported programs (mandatory)	112	1,615	2,688 Male: 1,193 Female: 1,494 Third gender: 1	1,274	1,561	314 (250 persons for HTSP training in Nuwakot, 64 persons for FP training)
% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.	51%	57%	65.8%	72% (Original Suaahara districts)	66% (Original Suaahara districts) 49% (Including all expanded districts)	55%
% of USG assisted service delivery points (SDPs) that experienced a stock out at any time during the defined reporting period of any contraceptive methods that the SDP is expected to provide.	4.3% (LMIS, 3rd quarter, 2069/2070)	3.5	7 %	3.5	6 % (all 41 districts overall) ¹⁰	3.5
Couple Years of Protection (CYP) in USG supported programs.	221,320 (DOHS annual report, 2068/2069)	225,746	174,128 (19 districts only)	230,261 (Original Suaahara districts) 505,378 (Including all expanded districts)	234,143 (Original Suaahara districts) 731,027 (Including all expanded districts) (DOHS annual report, 2070/71)	750,000
INTERMEDIATE RESULT 3: Women and their families increase their consumption of diverse and nutritious food						
Output 3.1: Increased access to locally produced nutrient dense and fortified foods						

¹⁰ Source: LMIS, 3rd quarter 2072

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
# and % of VMFs and community brooding centers established	N/A	1,725	1,654	2,681 VMF 16 Brooding Center	2,430 VMF (Includes 5 new districts) 14 Brooding center	1,720 VMF 10 Brooding Center
# of beneficiaries with access to home or community garden	195,525	337,535	309,116	429,000	462,366 ¹¹ (includes 5 new districts)	515,691
# of home or community gardens established	39,105	61,370	56,203	78,000	84,066 ¹² (includes 5 new districts)	93,762
# of people trained in HFP/Ag	61,644	31,049	89,095 Male:9,458 Female: 79,629 Third gender: 8 (This include HFP/Ag refresher training)	30,000	27,043 (All Suaahara districts)	11,800
Mean # of MN rich vegetable cultivated by HH each year.	2.36	≥3	2.5	3	2.34 (Original Suaahara districts) 2.2 (Including all expanded districts)	3

¹¹ Assuming a family size of 5.5 (5.5 * 84066 HHs with home gardens)

¹² The recent HFP monitoring survey finds that 91 % of HHs who have received HFP supports have a home garden (this includes traditional, improved and developing). So the total home gardens estimated are 84066 (0.91 * 92381 HHs who received HFP inputs). This is cumulative figure and includes 21,248 new HFP garden established in 5 new expanded districts.

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
Mean # of improved chickens owned per household	N/A	N/A	3.2	3.5	1000 day HH: 2 ¹³ VMF: 3	3
# of chicken distributed	47,695	286,000	217,802	171,000	135,811 (25 districts) ¹⁴	75000 (12720 HH) ¹⁵
Total # of eggs produced per household (mean # of eggs produced in the week prior to the survey)	N/A	N/A	4.2	4.2	4.4 (Original Suaahara districts) 4.2 (Including all expanded districts)	4.2
Output 3.2: Increased knowledge of nutrition and locally available foods						
% of mothers and other caregivers able to recite correctly ENA messages on appropriate diversity	64.1%	70%	71.8%	80% (Original Suaahara districts)	79% (Original Suaahara districts) 51% (Including all expanded districts)	60%
Output 3.3: Increased community resiliency to potential nutrition shocks						
% of VDCs trained in DRR with content of nutrient resiliency	N/A	44	2 (remaining VDCs are planed from August)	27	29 VDCs participated in developing DRR content	5
# of VDCs developing disaster risk reduction preparedness plans (that include at least 5 of the core competencies for nutrient resiliency.	N/A	44	Under process	27	19 VDCs have developed DRR plan.	5

¹³ Source: HFP seasonal monitoring report, rainy season, 2015

¹⁴ The reason for deviation against the targets is primarily because of the decrease in the number of village model farmers.

¹⁵ Targets are based on 5 chickens per 1000 days and FCHV's HH and 10 chickens per VMF.

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
# of small grants innovations made ¹⁶						
INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is strengthened						
Output 4.1: National mechanisms in place						
# of formal meetings held by HLNFSSTC technical advisory group (addressing nutrition/IYCF)	N/A	2	2	2	2	1 time
Geographic expansion of Suaahara interventions beyond Suaahara districts	N/A		Notes below ¹⁷		Notes below ¹¹	-
Output 4.2: Regional and district mechanism in place						
District nutrition and food security committee (DNFFC) established	18 districts	1	1		41 districts	NA
% of District level Nutrition and Food security Steering Committee meeting (DLNFSSTC) held in every quarter	N/A	19	19	50	50 meetings held among 25 districts	100%
# of VDC level Nutrition and Food security Steering Committee (VDCNFSSTC) established	N/A	955	875	-	927 (25 districts)	571 VDC
% of VDC level Nutrition and Food security Steering Committee meeting (VDCNFSSTC) held in every half year	N/A	955	875	-	Two times in 927	55%
% of allocated VDC block grant that utilized for integrated nutrition related activities	N/A	N/A	N/A	TBD	Out of 530 VDCs who have allocated funds, 118 have utilized the fund	50%

¹⁶ Activity removed during revision

¹⁷ Geographic expansion of Suaahara interventions beyond Suaahara districts has not taken place. However, the materials Suaahara has developed, for example; manuals, guidelines, teaching materials etc. are being used by many other development partners/ donors that are working to improve nutrition in Nepal such as World Bank (1000 Golden days) , KISAN , and Nepal Agriculture and food security project etc. .

Indicators	2013 Achievement	2014 Target	2014 Achievement	2015 Target	2015 ¹ Achievement	2016 Target ²
					last year (22.2%). Remaining VDCs are in the process of utilizing funds in this FY.	

ANNEX 2: PERFORMANCE MEASUREMENT TABLE FOR FEED THE FUTURE DISTRICTS

Indicators ¹⁸	2015 Target	2015 Achievement ¹⁹	2016 Target
INTERMEDIATE RESULT 1: Household health and nutrition behaviors improved			
Output 1.1: Households adopt Essential Nutrition Actions (ENA) including Infant and Young Child Feeding (IYCF)			
% of infants aged 0-5 months who were initiated to breast feeding within 1 hour of birth	55%	57%	65%
% of children 6-23 months of age receiving foods from ≥ 4 food groups during the previous day	50%	54%	60%
Minimum meal frequency among children 6-23 months	74%	72%	76%
Prevalence of children 6-23 months receiving minimum acceptable diet	37%	42%	44%
% of under 6 months old children exclusively breast fed	73.1%	70%	76.1%
# of children 6-59 months who received Vitamin A from USG supported program (Mandatory).	596,111	617,275	635,793
% of children 6-23 months of age who consumed iron-rich animal-source foods during previous 24 hours.	23%	25%	30%
% of sick children 6-23 months of age fed more after their illness	NA	11%	20%
Mean dietary diversity of women of reproductive age.	4.0	4.0	≥ 4 food groups
# of children under five years reached by USG supported nutrition programs	NA	640,996 ²⁰	685,666

¹⁸ Recent anemia prevalence among WRA is not available as the end line survey could not be done as planned because of the earthquake

¹⁹ LQAS related indicators include results from the LQAS done in 2014 in Baitadi, Achham, Daledhura and Doti. LQAS for 2015 will be done in September/October and will update this accordingly. The results for the remaining 16 districts are from LQAS 2015.

²⁰ A total of 617,275 children 6-59 months are reached by Vit A, and 75% of children below 6 months of age (8,721) in four districts (Achham, Doti, Dadeldhura and Baitadi) are estimated to be reached by other interventions. Since HH level activities are not fully rolled out in the 16 remaining districts, an estimated 15,000 children under 6 months are estimated to be reached by interventions like days celebrations, HH visits, FCHVs, and field supervisors etc.

Indicators ¹⁸	2015 Target	2015 Achievement ¹⁹	2016 Target
Output 1.2: Households adopt Essential Hygiene Actions (EHA)			
% of children under five years who had diarrhea in the prior two weeks.	≤ 14%	19%	≤ 14%
% of mothers who dispose of their youngest child's fecal matter safely	45%	44%	55%
% of HHs using an improved sanitation facility	89%	79%	93%
% of population in target areas practicing open defecation	<15%	12%	10%
# of communities (VDCs) certified as 'open defecation free' as a result of USG assistance.	23	9	12
% of child caregivers and food preparers with appropriate hand washing behavior	20%	16%	25%
% of HHs with soap and water at hand washing station commonly used by family members	55%	48%	60%
% of HHs using an improved drinking water source	92%	83%	92%
INTERMEDIATE RESULT 2: Women and children increase their use of quality nutrition and health services			
Output 2.1 Improved capacity of service providers to provide counseling and services on nutrition and related maternal and child health services			
# of people trained in maternal/newborn health through USG supported programs (Mandatory)	NA	NA	NA
# of people trained in child health and nutrition (Mandatory)	60,723	91,612	438,154
% of health workers with improved knowledge in counseling and related MCH services as a result of the trainings	≥25%	Increased by 21.5 % points (Pre: 71.55, Post:93.05)	Pre-PostTest difference: ≥ 25% points
% of service providers providing adequate nutrition counseling.	20%	15%	30%
Output 2.2: Improved quality of health service delivery in partnership with the health facilities and community			

Indicators ¹⁸	2015 Target	2015 Achievement ¹⁹	2016 Target
% of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.	≤15%	24% ²¹	≤15 %
% of clients satisfied with care received from service providers	NA	95%	NA
# of HFOMCs who have been engaged in a QI process	NA	NA	NA
# of HFOMCs who have addressed at least two issues related to quality each year.	NA	NA	NA
Output 2.3: Improved access to nutrition and related maternal and child health services, particularly, among excluded communities			
% of pregnant women who receive at least 4 ANC visits (according to protocol: at 4,6,8 and 9 months of pregnancy).	44%	40% ²²	48%
% of post-partum women and newborns who receive at least 3 postpartum/postnatal visits.	13%	15%	20%
% of children with diarrhea in the last 2 weeks treated with ORS and Zinc	15%	17%	20%
% of newborns receiving post natal health check within 2 days of birth	57%	62%	67%
% of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	50%	57%	65%
% of children with pneumonia taken to appropriate care.	67%	72%	75%
Percent of births attended by SBA	55%	60%	65%
Output 2.4: Improved healthy timing and spacing for pregnancy with focus on marginalized and unreached women			
# of additional USG assisted community health workers providing FP information and / or services during the year.	NA	574 ²³	64 ²⁴

²¹ Source: LMIS, 3rd quarter, 2012

²² At least 4 ANC visits is 64 percent.

²³ Estimated 80% of those who received FP/RH trainings, considering staff turnover and transfer

²⁴ IUCD/Implant training in the 16 VDCs.

Indicators ¹⁸	2015 Target	2015 Achievement ¹⁹	2016 Target
% of USG assisted service delivery sites providing FP counseling and/or services.	NA	85%	≥75%
# of people trained in FP/RH through USG supported programs (mandatory)	NA	717	64
% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.	45%	39%	45%
% of USG assisted service delivery points (SDPs) that experienced a stock out at any time during the defined reporting period of any contraceptive methods that the SDP is expected to provide.	NA	6% ²⁵	3.5%
Couple Years of Protection (CYP) in USG supported programs.	NA	481,867 ²⁶	490,000
INTERMEDIATE RESULT 3: Women and their families increase their consumption of diverse and nutritious food			
Output 3.1: Increased access to locally produced nutrient dense and fortified foods			
# and % of VMFs and community brooding centers established	NA	1,085 VMF	2,823 VMF
# of beneficiaries with access to home or community garden	NA	88,204 ²⁷	165,291
# of home or community gardens established	NA	16,037 ²⁸	27,047
# of people trained in HFP/Ag	NA	20,830	30,053
Mean # of MN rich vegetable cultivated by HH each year.	NA	2.1	3
Mean # of improved chickens owned per household	NA	NA	3
# of chicken distributed	NA	46,430	114,025

²⁵ Source: LMIS, 3rd quarter, 2012

²⁶ DoHS Annual Report, 2010/11

²⁷ Assuming a family size of 5.5 (5.5 * 16,037 HHs with home gardens)

²⁸ 90% among seed distributed to 17,819 HHs

Indicators ¹⁸	2015 Target	2015 Achievement ¹⁹	2016 Target
Total # of eggs produced per household (mean # of eggs produced in the week prior to the survey)	NA	3.8	≥3
Output 3.2: Increased knowledge of nutrition and locally available foods			
% of mothers and other caregivers able to recite correctly ENA messages on appropriate diversity	NA	37%	50%
Output 3.3: Increased community resiliency to potential nutrition shocks			
% of VDCs trained in DRR with content of nutrient resiliency	NA	NA	NA
# of VDCs developing disaster risk reduction preparedness plans (that include at least 5 of the core competencies for nutrient resiliency).	NA	NA	NA
# of small grants innovations made	NA	NA	NA
INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is strengthened			
Output 4.1: National mechanisms in place			
# of formal meetings held by HLNFFSSC technical advisory group (addressing nutrition/IYCF)	NA	NA	NA
Geographic expansion of Suaahara interventions beyond Suaahara districts	NA	NA	NA
Output 4.2: Regional and district mechanism in place			
District nutrition and food security committee (DNFFC) established	NA	20	NA
% of District level Nutrition and Food security Steering Committee meeting (DLNFSSC) held in every quarter	NA	Eight meetings in four districts	All 20 districts
# of VDC level Nutrition and Food security Steering Committee (VDCNFSSC) established	NA	245 (in four districts)	191 ²⁹
% of VDC level Nutrition and Food security Steering Committee meeting (VDCNFSSC) held in every half year	NA	One time meeting in 245 VDCs	55%

²⁹ 25% of all VDCs in 16 districts (765 VDCs * 0.20)

Indicators ¹⁸	2015 Target	2015 Achievement ¹⁹	2016 Target
% of allocated VDC block grant that utilized for integrated nutrition related activities	NA	63 % in Baitadi ³⁰	50%

³⁰ Remaining three districts (Achham, Doti and Dadeldhura missed the planning process of FY 2070/71 so the budget was not committed for integrated nutrition programs.

ANNEX 3: TRAVEL MATRIX

Approved			Actual used					
S.N.	Number of trips	Destination/ Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remark	Remainin g Quota
1	19	US-Nepal-US						
			Ms. Karin Lapping	1	21 July - Aug 3, 2012	To provide general technical assistance including meetings with Suaahara team.	100%	18
			Ms. Karin Lapping	1	31 Jan - 15 Feb 2013	To attend USAID meeting and to provide technical assistance	100%	17
			Ms. Angela Brasington	1	12-19 March 2013	Technical assistance on community mobilization	100%	16
			Ms. Karin Lapping	1	9 - 19 July 2013	To assist with management transition of Suaahara and review technical components of the program	100%	15
			Ms. Silvia Alayon	1	11 - 18 January 2014	To facilitate a three-day workshop to document the program impact pathway for the Suaahara project and to assist the Suaahara team to develop a process evaluation plan.	100%	14
			Ms. Karin Lapping	1	1 - 19 March 2014	To provide technical assistance to SUA AHARA project such as work with nutrition innovation lab to identify	100%	13

						potential areas of collaboration, participate in 1 day workshop to discuss PIP and examine M&E system.		
			Ms. Silvia Alayon	1	5 - 14 March 2014	To assist Suaahara team to develop a process evaluation plan and support M&E team to finalize the methodology for frontline worker study and media reach survey, and participate in one day workshop with Nutrition innovation lab to discuss PIP and discuss OR topics for Suaahara and resources.	100%	12
			Ms. Carol Underwood *	1	26 March - 8 April 2014	To orient the Suaahara Monitoring and Evaluation program teams on the most significant change technique and to help pilot the implementation of the most significant change technique in Suaahara in order to further scale up the use of this qualitative monitoring technique.	100% (She is from Jhuccp, but her trip has been charged to Save the Children)	11
			Ms. Karin Lapping	1	7-14 February 2015	Provide technical assistance & prioritize technical areas for Suaahara expansion (in context of project	100%	10

						extension up to 2018) 2. Work with Nutrition Innovation Lab to identify potential areas of collaboration (e.g. opportunity with the additional five districts co-location/integration with FTF, program exposure etc.). 3. Participate in one day workshop to discuss PIP and discuss OR topics for Suaahara and resources 4. Examine M&E system and determine next steps to strengthen system 5. Review the MCH/FP component and determine next steps to strengthen 6. Develop plan for knowledge products (i.e. briefs on "implementation science")		
			Mr. Ian Moise	1	19 - 24 February 2015	Provide technical assistance on WASH program, develop operational plan for Clean Household Approach, work with M&E team to determine operational research agenda for WASH, evaluate potential to tie school programming into Suaahara WASH	100%	9

						activities		
			Ms. Angela M Brasington	0.5	15 -27 March 2015	Review and prioritize essential components of the social mobilization approach in preparation for roll out in 16 expanded districts. Travel to one or two districts to observe social mobilization activities and identify with staff and local stakeholders key challenges and opportunities for expansion. 3. Assess how effectively strategies for increasing male and female engagement are working and recommend refinements as needed. 4. Assist staff to identify and create additional group facilitation tools and monitoring processes for social mobilization, as required. 5. Use input from the field visit to help staff outline next steps for expansion and learning. 6. Develop plan for knowledge products on social mobilization and work with DAGs	50% to Suaahara and 50% to SNL	8.5

3	5	Nepal - Thailand - Nepal						5
			Mr. Jeeban Ghimire	1	12 July - 15 July 2014	To participate Public Health Conference	100%	4
4	4	Thailand - Nepal - Thailand						
			Mr. John Stoekel	1	2 - 6 Oct 2012	Assist with the development of a system for process evaluation, including fidelity assessment	100%	3
	28			12.5				15.5

Helen Keller International								
Approved			Actual used					
S.N.	Number of trips	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose		Remaining Quota
1	4	US-Nepal-US						
			Ms. Maryanne Stone-Jimenez	1	1-9 March, 2012	ENA/ EHA and SBCC MTOT	100%	3
			Ms. Victoria Quinn	1	28 October-11 November, 2011	Kick off meeting for SUA AHARA	100%	2

2	3	Cambodia- Nepal- Cambodia						
			Ms. Emily Hillenbrand	0	7 – 14 December, 2012	GESI training- workshop	Travel expenses of this trip was covered by HKI regional office in Cambodia & only perdiem was charged to Suahaara	3
			Mr. Akoto Osei	1	12-18 August, 2013	TA to Suaahara	100%	2
3	3	Nepal - Thailand - Nepal						3
4	4	Nepal - Ethiopia - Nepal	Ms. Pooja Pandey Rana	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	3
			Ms. Bhim Kumari Pun	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	2
			Mr. Indra Bilas Baral	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	1
			Mr. Bhim Neure	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	0

	14			5			9
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JHPIEGO								
Approved			Actual used					
S.N.	Number of trips	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks	Remaining Quota
1	1	US-Nepal-US		0				1
	1			0				1

JHUCCP								
Approved			Actual used					
S.N.	Number of trips	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks	Remaining Quota
1	12	US-Nepal-US						
			Mr. Bill Glass	0.13	25 - 28 September 2011	Attend Suaahara initial planning meeting	12.63 % was charged to Suaahara	11.87
			Mr. Basil Awni Safi	0.25	7-11 November, 2011	Attend Suaahara strategic planning workshop	25% to Suaahara, 51% to India IFPSII, and 24% to Bangladesh KM project	11.62
			Mr. Rajiv Rimal	1	11-29 March 2012	Facilitate training for formative research	100%	10.62

			Ms. Caroline Jacoby	1	31 March- 22 April, 2012	Support Suaahara SBCC team and partners	100%	9.62
			Dr. Benjamin V. Lozare	0.5	21- 26 April, 2012	Facilitate strategic communication and leadership workshop on nutrition	50% Suaahara 50% Indonesia Safe project	9.12
			Ms. Uttara Kumar Bharath	1	6-13 May, 2012	Develop creative brief for impact study of community theater	100%	8.12
			Mr. Rajindar Mehara	1	6-13 May, 2012	Training and orientation on finance software to JHUCCP finance and administration staff	100%	7.12
			Ms. Elena Broaddus	0	14 June -27 August, 2012	Intern	Her trip was covered by a grant from the JHU School of Public Health	7.12
			Mr. Rajiv Rimal	1	7-27 August, 2012	To provide technical support and conduct research training for impact study on community theater	100%	6.12
			Mr. Basil Awni Safi	1	16-24 August, 2012	Facilitate nutrition communication framework workshop and support SBCC	100%	5.12

						Team		
			Ms. Caroline Jacoby	1	1-21 January, 2013	Briefings and preparatory meetings, facilitate radio entertainment education design document workshop, convene design document approval meeting with stakeholders, Hold writers meeting	100%	4.12
			Ms. Kathryn Bertram	0.5	21-31 January, 2013	Briefings and preparatory meetings on selecting creative agency and developing an umbrella campaign, Interview and select creative agency candidates to implement, Present final KM platform strategy to Suaahara teamConvene meeting with Suaahara SBCC team to finalize KM platform Present final KM platform strategy to Suaahara team umbrella campaign and activities,	50% Suaahara, 50% Voices III	3.62

			Ma. Valerie Caldas	0	11 June - 9 October, 2013	Document Integrated Nutrition activities focus on social behavior change communication, including community mobilization and service delivery activities and the roll out of the national integrated nutrition campaign, support Baltimore and Nepal staff when appropriate (monitoring & evaluation, etc.)	Her trip was covered by a grant from the JHU School of Public Health	3.62
			Mr. Basil Awni Safi	0.5	6-14 September, 2013	Work on IR 2 various activities, support in various SBCC activities, discuss on financial audit	50% cost only charged to Suaahara	3.12
			Ms. Caroline Jacoby	1	1-19 January 2014	facilitate a four day radio design document workshop to design Bhanchhin Aama Phase II radio program and also facilitate two days meeting with writers.	100%	2.12

			Mr. Basil Awni Safi	0.5	24 March - 4 April 2014	Development of early seed ideas for Suaahara's Year 4 SBCC Activity Work plan, assist in the drafting of Suaahara's private sector strategy to develop SME contribution, provide support to further plan the second wave of the Bhanchhin Aama campaign. HC3 SOW: Meeting with JHUCCP partners, subcontractors, and staff to support planning of FP campaigns and strategic approaches for Year 1. Work with the Nepal HC3 management to recruit and support the training of new technical staff.	50% cost only charged to Suaahara (50% charged to HC3)	1.62
			Ms. Caroline Jacoby	0.5	27 October - 26 November 2014	Facilitate a four day radio design document workshop to design Bhanchhin Aama Phase II radio program, facilitate one and a half day	50% cost only charged to Suaahara	1.12

						RH/IEC Technical meeting for radio design approval process		
4	1	Nepal - Delhi - Nepal						
			Mr. Dharma Bajracharya	1	13 - 26 July 2014		100%	0
	13			11.88				1.12

ANNEX 4: ENVIRONMENTAL MANAGEMENT AND MITIGATION PLAN FOR THE USAID-FUNDED SUAAHARA PROJECT

No.	Objective/Activity	Sub-Activities and Mitigation (Measures to be taken)	Effect on Natural/Physical environment	Environmental Monitoring Plan	Update August 2015
1	<p>Objective</p> <p>Establishment of Homestead food production (HFP) gardens (vegetables and poultry) for better nutrition</p> <p>Major activity:</p> <p>Technical support to establish home gardens and backyard poultry</p>	<ul style="list-style-type: none"> • Training of extension agents and women farmers on HFP • Technical Assistance (TA) to support seed multiplication and farmer access to improved seeds • Trainings, seminars and study tours, to help establish a network of agricultural input • TA on post-harvest technologies to beneficiaries • Training farmers on accessing market information • TA to link farmers to quality inputs • Assist farmers with product-specific market information • Multiplication and dissemination of improved seeds and breeds • Introduction of new high-yield, high nutrient content varieties of sweet 	<ul style="list-style-type: none"> • No effect 	<ul style="list-style-type: none"> • Documentation of procurement which will verify use of non-GMO cultures and species • Documentation: Government Policy, Suaahara training manuals • Training evaluation and observation tools 	<ul style="list-style-type: none"> • All agriculture and livestock extension workers were trained on HFP for all FTF districts. The training focuses importance of homestead garden and backyard poultry for nutritious, diverse and healthy foods (vegetables, eggs) through improved low cost management techniques using locally available resources (organic manures, botanical pesticides) • The system of periodic monitoring and supportive supervision by government counter parts (District Agriculture Development Office, District Livestock Services Office) provided technical input to ensure quality implementation of HFP for sustainability of program

		potato, vegetables, fruits and livestock			
2	<p>Objective</p> <p>Ensure the purchase of appropriate agriculture and livestock inputs</p> <p>Major activity: Procurement, quarantining (as appropriate) and vaccination of animals</p>	<ul style="list-style-type: none"> • Vaccines will not use GMO live cultures • GMO species will not be introduced <p>Specific animals provided by the project and measures to be taken are estimated to be:</p> <ul style="list-style-type: none"> • 219,000 (improved and/or local breed) poultry to Village Model Farms (VMF) – 1,250 VMF x 15 chicks) and improved poultry to mothers' group households (40,000 HHs x 5 chicks) = 200, 000 (according budget allocation) - Provide 7-week old chickens and vaccinate against infectious bronchitis, infectious bursal disease (sometimes referred to as gumboro disease – a highly infectious and dangerous disease that reduces poultry immunity) and raniket (often referred to as Newcastle Disease Virus or NDV – a contagious and fatal viral disease affecting most species of birds) - Training for VMF and mothers' group leaders in vaccination procedures will enable them to assume responsibility for procuring and distributing vaccines 	<ul style="list-style-type: none"> • No effect 	<ul style="list-style-type: none"> • Documentation of procurement which will verify use of non-GMO cultures and species • Documentation of procurement which include vaccination records • Documentation: government policy and Suaahara training manuals • Training evaluation and observation tools • Monitor coverage for following vaccine <ul style="list-style-type: none"> • Ranikhet F1 (two times) • Gumboro Intermediate (two times) • Fowl pox 	<ul style="list-style-type: none"> • The project is not using any hybrid seed for vegetable production. All seeds were purchased from SEAN Seed Services Centre Limited. Call for Quotation was published dated 29 March, 2014 in a national daily with specification of local and improved varieties only. The composite seed packets of vegetables were distributed to target households (HH) as per crop calendar endorsed by district level agencies and agriculture waiver approved by USAID • Regarding orange-fleshed sweet potato, in year 4, saplings/cuttings were brought from VMFs produced in Kailali, (USAID funded Action Against Malnutrition through Agriculture funded project districts) and Rasuwa (Suaahara phase I district) to Suaahara II and III districts. From this year saplings were locally produced in districts and multiplied to other HHs. It has planned to distribute vines of OFSP to FTF districts

		<p>- Advice on local production of optimal feeds that will increase egg production (this rather than production for meat will be the emphasis)</p> <ul style="list-style-type: none"> • 150,000 composite improved and indigenous nutrient rich vegetables seed purchased for distribution 			<p>(Palpa, Argakhanchi, Kapilbastu and Gulmi) from Suaahara phase I districts.</p> <ul style="list-style-type: none"> • To promote improved backyard poultry production, productive chicken breeds (New Hampshire, Black Australorp and Giriraj) were distributed to HHs. Government of Nepal recommends these breeds for hilly and mountain districts as they can be promoted for backyard flock. Call for quotation to supply 8 week brooded chicks was published dated 6-7 September 2014 in national dailies (Kantipur and Annapurna) with specification of healthy, certified and fully vaccinated chicks. • Vendor (KDA-Feed and Poultry Pvt. Ltd) was selected after inspecting their farms, brooding centers through concerned technical person from Ministry of Agricultural Development (MOAD). • Technical person and experts visited brooding center and hatchery farm while brooding chicks in KDA farm-Chitwan
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					<p>to make ensure biosecurity measures along with vaccination as per standards.</p> <ul style="list-style-type: none"> • District team distributed chicks only after consultation with district livestock services office and technical experts (Vet doctors) in phase II and some districts of phase I. Health certificates and recommendation of DLSO is must before supply to households. • There is a standard of poultry support intervention regarding weight of brooded chicks, health status and evidence of vaccination along with deworming. Mandatory vaccine for backyard poultry is ND (new castle), fowl pox and deworming. Brooding center/vendor maintains records of vaccination and necessary biosecurity measures. • Before distribution, people oriented on good management practices in backyard poultry related to clean water, nutritive feed, hygienic coop etc.
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					<ul style="list-style-type: none"> • To reinforce management practices, IEC materials (Posters on bio security measures, Flip chart, importance of coop) have been reprinted to distribute at household level for phase II and phase III (FTF) districts. The instruction video on poultry care was developed to sensitize community people about bio security and importance of chicken coop link with environmental enteropathy (to protect child from poultry feces) • All extension workers, community people trained on bird flu and importance of ND vaccine against Ranikhet diseases. HKI is implementing PRAN (Prevention Against New Castle diseases of chicken) project supported by GALvmed in three Suaahara districts (Baglung, Nawalparasi and Sankhuwasabha) supporting vaccination against ND with deworming for backyard poultry promoted by
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					Suaahara.
3	<p>Objective</p> <p>Construction of environmentally friendly housing system with relevant approaches</p> <p>Major activity: Overall plan and approach for housing of animals</p>	<ul style="list-style-type: none"> • Suaahara will provide TA on construction and design to beneficiary HHs and VMFs • Barn, cages, coops will be set away from homes, drinking water sources, low lying or wet areas, and surface water • Structures such as coops, fenced areas, and barns and fields will not be built in ecologically sensitive areas such as ponds, wetlands, or heavily forested areas. The team will check to determine the extent of any threatened or endangered species in the area • Appropriate distance from HH living area • Appropriate size based on planning for future reproduction and HH/VMF compound layout • VMF and mothers' group members will cover cost of materials • Poultry cages are closed and animal waste is removed on average every 15 days 	<ul style="list-style-type: none"> • No effect 	<ul style="list-style-type: none"> • Protocol will verify the environmentally friendly construction • Initial construction will be supervised and monitored by Suaahara and program partners • Program TA and supervision provided by Suaahara and program partners. Review of animal housing will be included in regular program monitoring tools • Suaahara will review this practice and consider more frequent cleaning 	<p>The environmental aspects of HFP are being monitored in on going HFP seasonal monitoring using a monitoring checklist that comprises of observation section that includes the following:</p> <ul style="list-style-type: none"> • Location of homestead garden and its type • Whether the management practices are environmentally friendly or not – like how far the compost pit is • Whether there is any malpractice of preparing compost, such as use of bio pesticides, which may have health hazards • Whether the backyard poultry is semi-intensive with fencing or not to minimize direct contamination of poultry feces and children.= • Whether poultry manure is disposed of properly or not

					<ul style="list-style-type: none"> • Whether it is clean or not? • What is distance between poultry chicken coop/shed and living area of human being • How frequently chicken coop is cleaned and brushed off? • Minimum standards of program intervention like poultry support, homestead gardening <p>Some findings related to above highlighted issues-Seasonal Monitoring Report-Rainy season 2015</p> <p>Almost all surveyed HHs (823 HHs) used manure in their homestead gardens; farmyard manure was the most common.</p> <p>Ninety percent HHs used cow manure</p> <ul style="list-style-type: none"> • The use of chemical pesticides in the homestead garden was less common • Only 15 percent HHs were using chemical pesticides and 13 percent stored/disposed both chemical
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					<p>insecticides/pesticides close to the water source and animal grazing land</p> <ul style="list-style-type: none"> • Eighty- three percent HHs had constructed a chicken coop. Forty-two percent had coops with clean water and feed containers.
4	<p>Objective Minimization of environmental pollution through safety measures</p> <p>Major activity: Animal waste (Dung, urine, feathers) management</p>	<ul style="list-style-type: none"> • Training and IEC materials will include knowledge and practices for improved farm yard manure (FYM) development and management • Project trainings will cover the need and importance for sanitation and hygiene before, during and after the waste removal process • On the job coaching will be provided to VMF owners and HFPBs under the project to ensure that animal waste being used for fuel and/or fertilizer is stored away from above and below ground water sources and managed appropriately • HFPBs and VMF owners will collect animal waste. Protective gear will not be worn, but tools (shovels, hoes and rakes) will be used for waste removal • Animal waste will composted, decomposed in approximately 12-15 weeks and used as fertilizer 	<ul style="list-style-type: none"> • No effect 	<ul style="list-style-type: none"> • Protocol for development of FYM – HH level composting) will be developed to include the stated requirements • Construction of FYM pits will be monitored by Suaahara and program partners to ensure beneficiaries are following all protocol • Program TA and supervision provided by Suaahara and program partners. Review of FYM management will be included in regular program monitoring tools. 	<ul style="list-style-type: none"> • Posters and manuals for HFP also highlights proper use of FYM, composting practices • Sensitizing community people about proper practice of using FYM, bio pesticides through different training, workshop, group discussion • During HH visit by extension worker, it is being monitored and supervised for safe use and construction of FYM, animal dung, poultry manure

		<ul style="list-style-type: none"> • Animal waste will be stored in marked FYM pits approximately 3ft in depth. Length and width will be determined based on the size of the VMF or home garden. Compost pits will be marked with appropriate signage to minimize exposure. VMFs will have covered composting pits but home gardens will not. • FYM pits will be located a minimum of 30 ft. from water sources and 50 feet from households. • No raw excrement will be used as fertilizer directly on plants; only composted waste will be used. 			
5	Objective Integrated pest management (IPM) will introduce and promote a sustainable approach to pest management through a combination of biological, cultural and mechanical tools. It will also ensure that this is done in a way that minimizes	<ul style="list-style-type: none"> • Training and IEC materials will include knowledge and practice for IPM according to established procedures • Suaahara will promote only organic farming practices. No chemical pesticides will be purchased or promoted by the Suaahara project • Suaahara will train VMFs and HHs on different methods of producing non-chemical pest control using local available organic materials that repel insects such as: <ul style="list-style-type: none"> - Neem – locally grown bitter herb with medicinal value - Papaya and banana leaves 	<ul style="list-style-type: none"> • No effect 	<ul style="list-style-type: none"> • Suaahara and program partners will provide program TA and supervision. Review of IPM practices will be included in regular program monitoring tools • 	<ul style="list-style-type: none"> • HFP beneficiary households trained on preparation of botanical pesticides to suppress insect pests attack and effects of diseases through 2 days HFP basic training • The practice is being reinforced through HFP group meeting, refresher training, and household visits.

	<p>economic, health and environmental risks</p> <p>Major activity: IPM at the household level</p>	<ul style="list-style-type: none"> - Marigold flowers - Asuro – locally-grown herb - Cattle urine - Bakaina – local fruit producing tree (non-edible) - Giti mal (Mixture of different local material neem, garlic, chilli, asuro, timur, cow dung and some water to decompose it and use to repel the insect) - Milk spray for aphid <ul style="list-style-type: none"> • Suaahara also promotes mechanical control (trap, sweeping nets) and crop rotation and soil management for pest control <ul style="list-style-type: none"> - Keep crops healthy - Use repellent plants - Use animals - Make traps - Hand-pick pests • 			
6	<p>Objective Establishment of environmentally friendly HFP in targeted areas</p> <p>Major activity: Location of VMFs and gardens in target areas</p>	<ul style="list-style-type: none"> • HH gardens and VMFs procedures will include the requirement for locations and farms and will be included in training manuals and trainings • Existing gardens/farms will have a buffer zone between the field and any wetland, stream, pond or other sensitive area • The team will not remove trees or create new agricultural land • 	<ul style="list-style-type: none"> • No effect 	<ul style="list-style-type: none"> • Program TA and supervision provided by Suaahara and program partners. Review of and compliance with protocol will be included in regular program monitoring tools 	<ul style="list-style-type: none"> • Program standards and guidelines for establishment of VMFs was reviewed by MOAD and 25 VMFs of western cluster developed as Local Resource Person (LRP) accredited by government • HFP seasonal monitoring is assessing features of model farm (e.g., location, size, management practices and

					functions) and detail study on VMF has been planned
7	<p>Objectives</p> <p>Strengthen the capacity of agriculture extension services</p> <p>Facilitate the incorporation of nutrient-rich crops and livestock into programs</p> <p>Enhance the diversification of crops and livestock</p> <p>Major activity: Agricultural and livestock extension worker support and management</p>	<ul style="list-style-type: none"> • Conduct ToT training to government staff at different level and other related stakeholders • Develop HFP training materials in coordination with government partner • Promote greater diversity of crops and livestock • Extension agents to meet with farmers and observe in the field their production practices • Improvement in the agricultural knowledge base of extension agents and beneficiaries 	<ul style="list-style-type: none"> • No effect 	<ul style="list-style-type: none"> • Published training manual • Trained government staff and other stakeholder • Program TA and supervision by Suaahara, government and program partners 	<ul style="list-style-type: none"> • Six-day and two-day HFP training manual reproduced for phase II and phase III districts and provided to government extension workers trained on HFP • Government stakeholders at different levels from national to community level observed and evaluated training contents and quality of delivery per training standards and checklists